## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FED	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
	application		
Construction	Constituction	4. Date Rec'd by Federal	Federal Identifict
_X Nonconstruction	Nonconstitution CEIVEL	P	1 98910004
5. Applicant Information:	SEP 2 9 2005	Organizational Unit: Division of Water Quality	-
Legal Name and Address:		Name and telephone of persor	to be contacted on mallers
(give city, county, state, and zip	urces Constant Land LEARING HOL	in this application (give	
1001 I Street, Sac	urces Control Board ==	James Maughan	c area code).
· · · · · · · · · · · · · · · · · · ·		(916) 341-5522	
Sacramento, Cali			
6. Employer Identification Nur	nber (EIN): 680281986	7. Type of Applicant: (enter a A. State H	ppropriate letter)A  Independent School District
C D'IINO Nambani 00000	1013		State Institute of Higher Learning
6. DUNS Number: 80832	1913		Private University
8. Type of Application:	Continuation		Indian Tribe
Now _X_ Revision If Revision, enter appropriate to		1	Individual
	B. Decrease Award		. Profit Organization
C. Increase Duration			. Other (specify)
Other (specify)		,	N. K. P.
		9. Name of Federal Agency:	
10. Catalog of Federal Domest	ic Assistance Number	U. S. Environm	ental Protection Agency
66.419		11 72 141 7011 64 11	in the Davis of
	Control_State and Interstate	11. Descriptive Title of Appli	icant's Project:
Program Support	(106 Grants)	To establish and maintain ada	quate measures for prevention and
12. Area Affected by Project:		control of surface and ground	
(cities, counties, states, etc.)		control of stillined and ground	· ·
California			
13. Proposed Project:		1	
Start Date	End Date	14. Congressional District of	
7/1/2003	6/30/2008		roject:
			alifornia - All
15. ESTIMATED FUNDING:		16. Is the application subject	
		Executive Order (EO) 12372	
a. Federal	\$13,958,607		lication/preapplication was made
b. Applicant	<b>\$</b> 0	•	State EO 12372 process for
c. State	\$17,814,772	review on:	
d. Local	\$0		ate: September 29, 2005
c. Other USEPA "In-Kind"	\$12,226,904		is not covered by EO # 12372
f. Program Income	\$0		has not been selected by the
		state for	
g. TOTAL	\$44,000,283	17. Is the applicant delinquer	
		YES, attach explanation	on _XNO
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, ALL D	ATA IN THIS APPLICATION	/PREAPPLICATION ARE
	DOCUMENT HAS BEEN DULY A		
	LICANT WILL COMPLY WITH TH		
IS AWARDED.			V (V)
a. Typed Name of Authorized	Representative	b. Title:	c. Telephone Number
Celeste Cantú		Executive Direc	etor (916) 341-5615
	4.4.		c. Date Signed:
d. Signature of Authorized Re	oresentative	•	e. Date Signed:

APPLICATION FOR					Applicant Iden	Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTE July 28, 2005	D ,		
1, TYPE OF SUBMISSION:	Dra applica	lla.a	3. DATE RECEIVED	BY STATE	State Applicati	on Identifier
Application	Pre-applica		4. DATE RECEIVED	BY FEDERAL ÂGEN	ICY Federal Identif	ler
Construction	Constru					
Non-Construction 5. APPLICANT INFORMATION	Non-Con	struction				
Legal Name:				Organizational	Unit:	
California Resources Agency				Department:		
Organizational DUNS: 80	7487	277		Division:		
Address:	1101.			Name and tele	phone number of pe	rson to be contacted on matters
Street: 1416 Ninth Street, Suite 1311				Involving this a	application (give are First Name:	a code)
14 10 14 mm officer, care 15 11			The state of the s	Мг.	Christopher	·
City: Secramento		RE(	CEIVED	Middle Name Warren		
County: Sacramento		· crp	2 9 2005	Last Name Potter		. 44
State: Californie	Zip Code 95814			Suffix:		A
Country:		STATE C	LEARING HOUSE	Email:	vog.ca.eources	
6. EMPLOYER IDENTIFICATIO	N NUMBER	(EIN):	And the second s	Phone Number		Fax Number (give area code)
68-0298588		•		(916)654-0536		(916)653-8102
8. TYPE OF APPLICATION:	<u> </u>			7. TYPE OF AF	PLICANT: (See bac	k of form for Application Types)
₽ Nev	w D	ontinuatio	n [] Revision	A.		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(	es)		Other (specify)		
Other (specify)			لها	9. NAME OF F	EDERAL AGENCY:	
• •				U.S. Environme	ental Protection Agentive TITLE OF APPL	
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTAN		- Frankrisking Col		and Loss Policy": Demonstration of
			6 6-4 7 9	a Non-Regulat	ory Environmental OL	tcome Welland Program
TITLE (Name of Program): Demonstration of a Non-Regula	atory Environ	mental Outo	come	_	•	
12. AREAS AFFECTED BY PR						
State of California					_	
13. PROPOSED PROJECT					SIONAL DISTRICTS	
Start Date: 10/1/05	Ending D 9/30/08	ate:		a. Applicant D-05		b. Project Entire state (i.e., districts 1 - 53)
15. ESTIMATED FUNDING:						REVIEW BY STATE EXECUTIVE
a. Federal \$		-	00	ORDER 12372	PROCESS? IIS PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
			900,000	a. Yes. X	ALABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant			300,000	l l	ROCESS FOR REVIE	VVON
c. State	;		UD		ATE: 9/26/05	
d. Local				b. No. 🔀 PF	ROGRAM IS NOT CO	VERED BY E. O. 12372
e. Other	<b>i</b>				R PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income			. 00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	j		1,200,000	Yes If "Yes	" attach an explanatio	n. 🖾 Na
18. TO THE BEST OF MY KNO	OWLEDGE A	ND BELIE	F. ALL DATA IN THIS	S APPLICATION/PRE	APPLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY	AUTHORIZ	ED BY THE	GOVERNING BODY	OF THE APPLICAN	T AND THE APPLICA	ANT WILL COMPLY WITH THE
B. Authorized Representative_	THE ASSIS	TANCE IS A	AWARDED.			
Prefix Mr.	First Name	•			Middle Name	
Last Name Wallace					Suffix	and the second s
b. Title Assistant Secretary for Finance	a and Admini	etration			c. Telephone Numbe	r (give area code)
d. Signature of Authorized Repr		M.			(916) 653-9709 e. Date Signed	105
Previous Edition Usable		<u> </u>		RECEIVED	1 10 100	Standard Form 424 (Rev.9-2003
Authorized for Local Reproduct	ion			DIN 9 40 2005		Prescribed by OMB Circular A-102

GMO, PMD-7

## PART I - FACE SHEET

APPLICATION FOR F	EDERAL	ASSISTAN	1. TYPE OF SUBMISSION: Non-Construction				
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECE	EIVED BY STATE:		STATE APPLICATION IDENTIFIER:			
09/29/03 2b. APPLICATION ID:	4. DATE RECE	EIVED:		GRANT NUMBER:			
06SR056332	09/29/05						
5. APPLICATION INFORMATION	09729703						
, , , , , , , , , , , , , , , , , , ,			NAME AND CO	NTACT INFORMATION FOR	R PROJECT DIRECTOR OR OTHER		
LEGAL NAME: Ymca of Greater Whittler DUNS NUMBER: 089884592			PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give) Brea codes):				
ADDRESS (give street eddress, city, state end   12510 E Hadley St   Suito 203   Whittier CA 90601 - 3942	d zip code):		FAX NUMBER:	UMBER: (562) 907-6545 (562) 698-2275 AIL ADDRESS: Juiblinyma	@hotrmil.com		
6. EMPLOYER IDENTIFICATION NUMBER (E	7/ <b>/)</b> :		7. TYPE OF API	PLICANT:	Companies and the companies of the compa		
951684795			7a. Non-Profit 7b. Community-I	Based Organization	RECEIVED		
B. TYPE OF APPLICATION:  X NEW CONTIN  REVISION					SEP 2 9 2005		
If Revision, enter appropriate letter(s) in box(e  A. Increase Award  B. Decrease Award	se Duration			STATE CLEARING HOUSE			
D. Decrease Duration							
u, uetrease buistion			1	ederal agency: ation for National	and Community Service		
10a, CATALOG OF FEDERAL DOMESTIC AS: 10b, TITLE: Retired and Senior Volunteer Pro- 12. AREAS AFFECTED BY PROJECT (List Ci Downey, Norwalk, La Mirada, Pico Rivera, Sar Habra Heights, Pasadena, Monrovia, Arcadia a	gram ties, Counties, Sta nta Fc Springs, Whi	etes, etc): ittier, La Habra, La		VE TITLE OF APPLICANTS eater Whittler	PROJECT:		
13. PROPOSED PROJECT: START DATE: 01	/01/06 END	DATE: 12/31/08	14. PERFORMA	NCE PERIOD: START DAT	E; END DATE;		
15. ESTIMATED FUNDING:			! 				
H. FEDERAL			ORDER 12372	TION SUBJECT TO REVIEW PROCESS?	V BY SIATE EXECUTIVE		
b. APPLICANT	\$ 126,100,0 \$ 155,657.0		YES, THIS	PREAPPLICATION/APPLIC	ATION WAS MADE AVAILABLE DER 12372 PROCESS FOR		
c. STATE	\$ 33,000.0	0		EW ON:			
d. LOCAL	\$ 33,000.0	0	- -	•			
e. OTHER	\$ 0,0	0					
1. PROGRAM INCOME	\$ R9,657,0	0	17. IS THE APP	LICANT DELINQUENT ON	ANY FEDERAL DEST?		
g. TOTAL	\$ 281,757.0	0	] [] Y	'ES If "Yes," attach an ex	planation. X NO		
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING E IS AWARDED.							
R. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE:	b. TITLE:	11 • 11 ×10=1 • • • • • • • • • • • • • • • • • • •	C.	TELEPHONE NUMBER:		
Mike Blackmore		President & CRO			(562) 907-2727		
				d.	DATE: 09/29/05		
- Comment (III) in the comment of th							

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Identifier	Version 7.03
1. TYPE OF SUBMISSION:	7	9-27-05 3. DATE RECEIVED BY	STATE	State Application Identif	iar
Application	Pre-application	V. DATE RECEIVED ST	W/M/E	Carates Manuscriptus Interitor	)Kal
Construction	. Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			4	
5. APPLICANT INFORMATION Legal Name:	<u> </u>		Organizational Unit	<u>.</u>	
Shart Lee Johny			Department:	g	N. 15 T. T. S. Alekson, and the commence of th
Organizational DUNS:	× ++ +		Division:	-	
605701429					e e se es e grande se car
Address; Street:		* 11		na number of person to b ication (give area code)	e contacted on matters
6001 w 2nd at			Prefix	First Name:	
City:	I a manufacture on money Amazonia values of the		Mrs. Middle Name	. Sheri	
Gry: Rio knda			Lee	s manharan maka di mempunun	
County: Secramento			Last Name Jolley		
State: CA	Zip Code	141	Suffix:	***************************************	E EXIST 1 V.V.
	95673		Emeil:	ستند داده دراه دراه پلايلهما دراه تو بنسب استوسوي	
Country: USA	Section and sectio	minne - Plan Friedrichta in Pringers einferentersterstersterstersterstersterstersters	shasnee@@aoi.com		
8. EMPLOYER IDENTIFICATI			Phone Number (g)w	amek obda) (Fax Nun	uper (dyna susa code)
55-273012	9		918-991-4088		
B. TYPE OF APPLICATION:	<b>-</b>		7. TYPE OF APPLY	CANT: (See back of form	for Application Types)
✓ Note that the properties of the propertie		an 1 Revision	m		
See hack of form for description		1 !	Other (specify)		
Other (specify)	L	L.J	9. NAME OF FEDE Small Business Adr		
10. CATALOG OF FEDERAL	CONFERMIC ARRIGIAN	CE MIMDÉR-		TITLE OF APPLICANT'S	PROJECT:
IN CATALOR OF PEDERAL	. COMESTIC PROBLEM		Delivery Service	K 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
TITI T Ikingan of Drawman		5 9-0 0 B			
TITLE (Name of Program): Proguement Assistance To S					
12, AREAS AFFECTED BY P	ROJECT (Cities, Country	ie, States, etc.):			
State					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	NAL DISTRICTS OF:	a
ourrent	on going		Rio linda , CA	5	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO	N SUBJECT TO REVIEW	BY STATE EXECUTIVE
a. Federal	\$		THISP	REAPPLICATION/APPLIC	ATION WAS MADE
L. A. Lienad	e	<del></del>		ABLE TO THE STATE EXE ESS FOR REVIEW ON	CUTIVE ORDER 12372
b, Applicant		50,000	_]	250 FOR INCHIEN ON	
c. State	\$	. "	DATE:		
d. Local	\$		b. No PROGE	RAM IS NOT COVERED B	Y E. O. 12372
e. Other	<u> </u>		1	OGRAM HAS NOT BEEN	SELECTED BY STATE
			FORR	FVIEW	
f Program Income	5		17. IS THE APPLX	ANT DELINQUENT ON	WY FENERAL MEDIC
g. TOTAL	<b>5</b>	50.000	Tyes If Yes" arts	ich an explanation.	₽ No
18. TO THE BEST OF MY KI	CWLEDGE AND BELLE	F ALL DATA IN THIS AP	PLICATIONAREAPP	LICATION ARE TRUE AP	ID CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES	Y AUTHORIZED BY TH	e governing body of	THE APPLICANT AN	ID THE APPLICANT WILL	COMPLY WITH THE
a. Authorized Representative	First Marris		h.kin	Sie Name	
Prefix Mrs	First Name Shan	**************************************	Le		the state of the s
Last Name Jolley			Suff	x:	
b. Title		- X-		slephone Number (gave ares	code)
Dwner  d. Signature of Authorized Rep	Amenda Num	<u>n.                                    </u>		-991-4068 ste Signed	
T. PiGustries or whitefiles Kal	March	Mp		7-05	
Pravious Edition Usatile	, T				lard Form 424 (Rev.9-200) bed by OMB Circular A-10
Authorized for Local Reproduc	ALD) I	RECEIVE	$D^{\perp}$	· · · · · ·	
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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCI	=	2. DATE SUBMITTED		Applicant Idea	Version 7/0:
TYPE OF SUBMISSION:	:	9-27-05 3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Application	Pre-application	,		''	
Construction	Construction	4. DATE RECEIVED BY	FEUERAL AGENCY	Federal Ident	mer .
1 Non-Construction 5. APPLICANT INFORMATION	P. Non-Construction	1 100 7	(1)		
egai Name:		ful *fab	Organizational Unit		1.1.
Shan Lee Jokey			Department:		
Organizational DUNS: 805701429			Division:		11 7 7 7 7 7 7 1
Address:		\ . I			rettem no becametano no matters
Street: 9001 w 2nd er			involving this appli Prefix:	<b>cation (give</b> សា . First Name:	er code)
			Mrs. Middle Name	Shan	er per territoria.
Chy. Rio landa			Las	TE 11 SECT - SECURE - 1775 THE TREET	non-number and the second of t
County: Saccemento			Last Name Johny		
State. CA	Zip Code 95673		Suffix:		
Country:	1 2210		Email:		, , , , , , , , , , , , , , , , , , ,
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	shaanse@glack.com Phone Number lava		Fax Number (oive area code)
515-217 30 112			916-991-4068		1
TYPE OF APPLICATION:	,,		7. TYPE OF APPLIC	ANT: (See bar	ik of form for Application Types)
		on C Revision	m	-	
f Revision, enter appropriate le See back of form for descriptio			Other (specify)		
•		į l		er z Leriyet.'	er i est est
Other (specify)			S. NAME OF FEDER		• •
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE 1	TITLE OF APPL	ICANT'S PROJECT:
		5 9-0 0 6	Delivery Service		
TITLE (Name of Program): Business Devalopment		t 11 touch bond bon			
12 AREAS AFFECTED BY P	ROJECT (Cities, Count	es, States, etc.):			
State	,	•			
13. PROPOSED PROJECT			14. CONGRESSION	IAL OISTRICTS	
Start Date:	Ending Date: on going		a. Applicant . Rio linda , CA		b. Project
15. ESTIMATED FUNDING:	- Company	,· ••••			REVIEW BY STATE EXECUTIVE
a. Federal		· · · · · · · · · · · · · · · · · · ·	B. Yes. W THIS P	REAPPLICATIO	NVAPPLICATION WAS MADE
b. Applicant			רושיי עיייי עייייי	BLE TO THE S SS FOR REVIE	TATE EXECUTIVE ORDER 12372
		50,000	.}	.00 ( )21 ( 02 ( 14	=
c, State	<b>5</b>	,~	DATE.		
d. Local	\$		5. No. IT PROGR	LAM IS NOT CO	WERED BY E. O. 12372
e. Other	\$	.**			ot been selected by state
1. Program Income	<b>5</b>		17. IS THE APPLIC	ANT DELINOU	ENT ON ANY FEDERAL DEBT?
	manaka esta esta esta esta esta esta esta est		-		_
g, TOTAL	4	50,000	🧖 Yes II "Yes" atta	,	
18, TO THE BEST OF MY KN DOCUMENT HAS REEN DUIL	OWLEDGE AND BELI Y AUTHORIZED BY TH	EF, ALL DATA IN THIS API IE GOVERNING BODY OF	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE D THE APPLIC	TRUE AND CORRECT. THE ANY WILL COMPLY WITH THE
ATTACHED ABBURANCES II					W. 11 A 1
a Authorized Representative Prefix Mrs	First Name			la Name	
	Shan		Lea		
Lest Name Johny					or Jahus marks
b. Title Owner		•	916	991-4068	er (give area code)
d Signature of Authorized Reg	netentative	Plan	e. Da 9-27	ate Signed 7-05	
Prayious Edition Usable	CHILDREN AND AND AND AND AND AND AND AND AND AN	~~ <del>~</del>			Standard From 424 (Rev.9-20)
Authorized to Loge Foundation	En	- <del></del>			Prescribed by QMB Circular A-1
IIIOLIV					
SEP 2 7 2	005				
JLI ~ 1 2	000				
STATE OF CARINO	HOHOE				
STATE CLEARING	UO02F				

APPLICATION FOR FEDERAL ASSISTANC	Ë	2. DATE SUBMITTED	75 At	Apphicant Ider	Version 7/03
1, TYPE OF BUENISSION:	1		STATE	State Applica	ion Identifier
Application	Pre-application	' ( B. ) The before the second			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	VCY Federal Identi	uie.
More Construction  5. APPLICANT INFORMATION	<u> </u>				
Legal Name:			Organizational	Unit	74 . 44
Shari Lee Jolley			Department:		
Organizational DUNS: 905701429			Division.	.,	110 to 100
Address.	7.5 - ah		Name and tale	phone number of pe	esettem no bedoeines ed at neer
Street 8001 w 2nd st			Prefix	application (give an	es code)
Chr			Mrs.	Shari	
City Rio finda			Middle Name		•
County: Secrementa	,		Lest Name Jodley		A. W. A. P. Proposition of Proposition (1)
State: CA	Zip Code 95673	1010	Suffix.	14 14	
Country:	1 30013		Email:	• • • • • • • • • • • • • • • • • • • •	Trans
6. EMPLOYER IDENTIFICATI	ON NUMBER /EIN		Phone Number		Fax Number (give area code)
	• •		916-991-4068	(Rise ware croke)	cuy Lamilianes (Nove muse contis)
5 5 - 2 7 3 0 1 2	<u> </u>			POLICANT (San Line	k of form for Application Types)
i Ne	w Continuet	ion (" Revision		Elevativ (Des par	went spring for adolescentary, a Musel
If Revision, enter appropriate le (Sea back of form for descriptio	Heris) in box(es)	THE RESIDEN	Th		
Page pack of journal of actibition			Other (specify)		
Other (specify)				EDERAL AGENCY: Administration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	NCE NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Business Development Assists 12. AREAS AFFECTED BY P. State			Delivery Service	~	
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant Rio imos . CA		b. Project
15. ESTIMATED FUNDING:	an going	VIII.		ATION BUBLECT TO	REVIEW BY STATE EXECUTIVE
s. Federal	£	. 00	ORDER 12372		NAPPLICATION WAS MADE
	#	•	IS. Yes, W. AV	ALABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant	5	50,000	PR	OCESS FOR REVIE	M ON
c. State	<b>5</b>	A	DA	TE:	
d. Local	5	, IM	Ha. No. Fi PR	OGRAM IS NOT CO	VERED BY E. O. 12372
e. Other			T' OF		OT BEEN SELECTED BY STATE
f. Program Income	4	, INC		R REVIEW PLICANT DELINOUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL			7 Vom 18 "Von"	attach an explanatio	e. 🛂 No
18. TO THE BEST OF MY KN	OWLEDGE AND BEIN	50,000 EF. ALL DATÁ W THIS AP			
DOCUMENT HAS BEEN DUL. ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	ie governing body of			ANT WILL COMPLY WITH THE
a Authorized Representative Prefix Mrs	First Name Shan			Middle Name	P. T.
Last Name	Shan			Lee Suffix	
Joiley b. Title	يم الدينية المعرفة المواد المستودة المستودة المعادلة المعادلة المعادلة المعادلة المستودة المستودة المعادلة الم	A		c. Telephone Number	( faine area mile)
Owner				916-991-4068	- Shire man money.
d. Signature of Authorized Rep	The Dear			e. Date Signed 9-27-05	
Previous Editor Usable Authorized for Local Reproduct	bian D				Standard Form 424 (Rev.9-2003 Prescribed by QMB Circular A-102

RECEIVED

SEP 2 7 2005

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	<b>E</b>	2. DATE SUBMITTE	D.	Applicant lo	Version 7/
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Appli	cation Identifier
Application	Pre-application	4. DATE RECEIVED	DV FEDERAL ACE	NCV Fortorelle	- No.
Construction	Construction		BT FEDERAL AGE	NCY Federal Ide	enumer
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction				
Legal Name:			Organizationa	l Unit:	
Pratt Mutual Water Company			Department:		
Organizational DUNS: 622795896			Division:		
Address:			Name and tele	phone number of	person to be contacted on matters
Street: P.O. Box 598			involving this Prefix:	application (give a	
City: Tulare			Middle Name	Paul	
Tülare County:	• • • • • • • • • • • • • • • • • • •	<del>and the state of </del>	Last Name	· · · · · · · · · · · · · · · · · · ·	
Tulare			Boyer		
State: CA	Zip Code 93275		Suffix:		
Country: United States			Email: paulb@selfhelp	enterprises.org	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number		Fax Number (give area code)
9 4 - 6 0 7 9 7 1 8	3		(559) 651-1000	ext. 681	(559) 651-3634
B. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	7. TYPE OF AF	PLICANT: (See ba	ack of form for Application Types)
₽ Ne		n Revision	o		
f Revision, enter appropriate le See back of form for description	n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FE USDA Rural De	DERAL AGENCY	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:			LICANT'S PROJECT:
		10-760			er System Rehabilitation Project
TITLE (Name of Program): Water and Waste Disposal Loa					
Water and Waste Disposal Loa 12. AREAS AFFECTED BY PF	n and Grant Program	s States etc.):			
Matheny Tract, Tulare County,		s, Glales, elc.).			
13. PROPOSED PROJECT		<del>na di kacamatan d</del>	14. CONGRESS	SIONAL DISTRICT	S OF:
Start Date: June 2006	Ending Date: June 2007		a. Applicant 21st		b. Project
15. ESTIMATED FUNDING:	Julie 2007		The state of the s	TION SUBJECT T	21st O REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ODDED 40070 F	DOOFCCO	DN/APPLICATION WAS MADE
Construction of the last of th	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS	1,458,000			THE ENGOGINE ONDER 12012
o. Applicant	ECEIVED	•	PRO	DCESS FOR REVIE	EW ON
. State \$	9 6 0005	00	DAT	E:	
I. Local \$	SEP 2 6 2005	00	b. No. 🔲 PRO	GRAM IS NOT CO	OVERED BY E. O. 12372
e. Other	E CLEARING HOUS	F	- OR		OT BEEN SELECTED BY STATE
Program Income \$	E OLEANING HOUSE	.00		REVIEW LICANT DELINQU	ENT ON ANY FEDERAL DEBT?
TOTAL \$		1 459 000	Yes If "Yes"	attach an explanatio	on. 🔲 No
8. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	1,458,000 ALL DATA IN THIS A	PPLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE
OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE
. Authorized Representative					
refix	First Name Lenord			iddle Name	<u> </u>
ast Name Igans			S	uffix	
Title oard President				Telephone Numbe 559) 723-6580	r (give area code)
Signature of Authorized Repre	sentative Lucium	of Coul			8-3-05
evious Edition Usable	- Control	( - //		· · · · · · · · · · · · · · · · · · ·	Standard Form 424 (Rev.9-2003)

APPLICATION FOR		2. DATE SUBMITTED			Applicant Identifier		
FEDERAL ASSIS	STANCE	August 11, 2005			04-314		
1. TYPE OF SUBMISSION	:	3. DATE RECEIVED I	BY STAT	E	State App	olication Identifier	
Application	Pre-application						
☐ Construction	Construction	4. DATE RECEIVED I	Y FEDERAL AGENCY Federal Identifier			lentifier	
Non-Construction	Non-Construction						
5. APPLICANT INFORMAL Legal Name:	TION		Organia	zational Unit:			
CITY OF ROSEVILLE			Departr	nent:		· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS:			ENVIR Division	ONMENTAL UTILI	TIES		
076119643			WATE	R DIVISION			
Address: 2005 HILLTOP CIRCLE					r of person t	to be contacted on matters involving this	
Street:	······································		Prefix:	tion (give area code)		First Name:	
HILLTOP CIRCLE			MR.			DERRICK	
City: ROSEVILLE			Middle H.	Name:			
County:			Last Na	me:			
PLACER	T7: 0.1		WHITE	HEAD			
State: CA	Zip Code: 95747		Suffix:				
Country:	1		Email:				
USA 6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):			ead@roseville.ca.us Jumber (give area co	de)	Fax Number (give area code)	
			(916) 77			(916) 774-5690	
94-6000							
8. TYPE OF APPLICATION		■ Revision	7. TYPE OF APPLICANT: (See back of form for Application Types)				
If Revision, enter appropriate		Kevision Revision	C-MU	NICIPALITY		REO	
(See back of form for descrip	otion of letters.)					/ 'ECFILE	
A			Other (s	pecify)	•	SED	
Other (specify)						6 2000	
			9. NAME OF FEDERAL AGENCY: U.S. EPA, REGION 9				
10 CATALOG OF FEDERA	L DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROFECT: ARING				
			CITY OF ROSEVILLE WATER TANK REPLACEMENT PROJECT HOUSE				
	66-606						
TITLE (Name of Program):		•					
12. AREAS AFFECTED-BY	PROJECT (Cities, Coun	ies, States, etc):					
CITY OF ROSEVILLE, CIT							
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONAL DISTRICTS OF:  a. Applicant b. Project				
OCTOBER 1, 2004	JULY 1, 2000	5	a. Applicant b. Project 4 <sup>TH</sup> DISTRICT 4 <sup>TH</sup> DISTRICT				
15. ESTIMATED FUNDING	:				ECT TO RI	EVIEW BY STATE EXECUTIVE	
a. Federal \$5	78,100			. 12372 PROCESS?	LICATION/A	APPLICATION WAS MADE	
	72,991		AVAILA	ABLE TO THE STA		TIVE ORDER 12372 PROCESS FOR	
c. State \$ d. Local \$			REVIEV	v ON DATE: Septem	ber 1, 2005		
e. Other \$			b. No	☐ PROGRAM IS	NOT COVI	ERED BY E. O. 12372	
			REVIEV		A HAS NOT	F BEEN SELECTED BY STATE FOR	
f. Program Income \$			17. IS T	HE APPLICANT DE		T ON ANY FEDERAL DEBT?	
g. TOTAL \$1,051,091 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS				f "Yes" attach an ex		No	
DOCUMENT HAS BEEN D	ULY AUTHORIZED BY	THE GOVERNING BODY	Y OF THE	E APPLICANT AND	THE APPL	LICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES	IF THE ASSISTANCE IS	S AWARDED.					
a. Authorized Representative Prefix Fin	st Name			Middle Name			
MR. W				CRAIG			
Last Name ROBINSON				Suffix			
b. Title CITY MANAGERY	\(\frac{1}{2}\)	4-		c. Telephone Number (give area code) (916) 774-5353			
d. Signature of Authorized Ry	epresentative	NOON	· · · · · · · · · · · · · · · · · · ·	e. Date Signed		0.0005	
- 110 - (1UU)	a xvv			September 8, 2005			

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P	AR	T	I	_	F	A	$\mathbf{CE}$	S	HE	ET	
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APPLICATION FOR FEDERAL ASSISTANCE				1. TYPE OF SUBMISSION:  Application Non-Construction			
2. DATE SUBMITTED TO CORPORAT NATIONAL AND COMMUNITY SERV	TON FOR J. I. DATE RECEIV			1.b. STATE APPLICATION IDENTIFIER:			
(CNCS):	4. 1. DATE RECEIV	ED BY CNCS		4b. CNCS GRANT NUMBER:			
9/23/05	4. 4 DATE RECEIV	ED B1 CRGS.					
S, APPLICANT INFORMATION							
sa. LEGAL NAME: The University Corporation, CSU Northridge sb. ORGANIZATIONAL DUNS: 055752331			5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give accurates):				
Se. ADDRESS (give server address, city)		N	NAME: Mai	ueen Rubin			
18111 Nordhoff St.		1		NUMBER: (818 ) 677 - 7395			
Northridge, CA 91330-8232				R; (818 ) 677 - 5935			
		ļi,	NTERNET E	MAIL ADDRESS: maurcen.rubin@csun.edu p://www.csun.edu/%7Eocis99/			
6. EMPLOYER IDENTIFICATION NUM	MIBER (EIN):			TE OF APPLICANT: (enter appropriate letter in bus)			
9 5 - 1 9 9 2 7 3 2  8. TYPE OF APPLICATION (Check appropriate box):    New			A. State B. Couply C. Municip D. Townst E. Intersta F. Interme	H. Independent School District  J. Scale Controlled Institution of Higher Learning  J. Private University  Ip K. Indian Tribe  L. Individual			
CONTINUATION AMENDMENT			G. Special	District N. Private Non-Profit Organization			
If Revision, enter appropriate letter(s) in			0. Oilier ( 7.b. C	NS APPLICANT CHARACTERISTICS			
A, AUGMENTATION: D. B. BUDGET REVISION:			Enice approp	riute caxle in euch hlank:			
C. NO COST EXTENSION: 10 to (enter date)			9. NAME OF FEDERAL AGENCY:				
E OTHER (specify helow):			Corporation for National and Community Service				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  9   4   0   1   3  Name of Principal Americorps*VISTA  12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):			AmeriCorps VISTA's for the Center for Community Service- Learning at California State University, Northridge  11.b. CNCS PROGRAM INITIATIVE (IF ANY):				
County of Los Angeles CA							
13. PROPOSED PROJECT: STAR 14, ESTIMATED FUNDING: Check ap	RT DATE: 11/01/2005		END DATE:	10/31/2006 APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
14, ESTIMATED FONDING: Check ap	23,702			RDER 12372 PROCESS?			
	11,052		. YE	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR			
	11,052	N/A		REVIEW ON:			
e. STATE S							
d, LOCAL S		N/A	6. NO				
c OTHER 5		N/A		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. PROGRAM INCOME 5		N/A	16. 15	THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL S	34,754			YES If "Yes," attach an explanation. NO			
17. TO THE BEST OF MY KNOWLE AUTHORIZED BY THE GOVERNING F	EDGE AND BELIEF, ALL DA SODY OF THE APPLICANT AND	TA-IN THIS APPLIC D THE APPLICANT W	CATION/PREA VILL COMPLY	PYLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUL' WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED Scott Pérez	REPRESENTATIVE:	b. TITLE:	of Researc	e. TELEPHONE NUMBER: 818-677-2901			
4 SIGNATURE OF AUTHORIZED R	EPRESENTATIVE:	- 1		c. DATE SIGNETU 27/05			
Modified Standard Form 424- ( OMB Control #: 3045-0047	Rev. 11/02 to conform to	SE,	CEI				
		L. CL	EARING	HOUSE			

FEDERAL ASSISTAN	UE	2. DATE SUBMITTE 9-27-06	D	Applicant I	Versio dentifier	
1. TYPE OF SUBMISSION: Application	Pre-application	1 DATE RECEIVED	BY STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVE	BY FEDERAL AGENC	1,		
Non-Construction	Distance Company		· · · · · · · · · · · · · · ·	ा ज्याद्वस्य। (प्रस	an (s) (s);	
APPLICANT INFORMATIO	N C. MON-COMPONENT	<u> </u>		i		
egel Name:			Organizational Un	uit:		
hari Lee Jolley	- DEG	The second secon	Department:		***************************************	
rgenizational DUNS: 05701429	RECE	IVEDI	Division.			
ddress:			Name and telepho	ne number of	person to be contected on must	
001 w 2md at	SEP 2	<b>6</b> 2005	Involving this app Prefix:	First Name:	nrest code)	
ily: lio linda	STATE CLEAR!	NCUG	. Middle Name Lee	<u>Sha</u> ri		
ounty: acremento		NG HOUSE	Last Name		1.14 To 1.14 T	
iale:	Zip Code 95673	1/	Suffix.		111 1	
ountry SA			Email:			
EMPLOYER IDENTIFICAT	ON NUMBER (EIN):		Shaanse9@aol.com		Fax Number (give area node)	
5 5 - 2 7 3 0 1 2	<u>[9]</u>		915-991-4068	modely	. av comment (Nuas music code)	
TYPE OF APPLICATION:		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7. TYPE OF APPLI	CANT: (See bi	ack of form for Application Types	
levision, enter appropriate le back of form for description	Attended in boastant	on Fravision	M			
har (specify)	Carebial to no		Other (specify)			
	,		9. NAME OF FEDE Small Business Adm	RAL AGENCY		
CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			LICANT'S PROJECT:	
TLE (Name of Program): Isliness Development Assist AREAS AFFECTED BY P	ance To Small Business ROJECT (Cities, Countre	5 9 - 0 D 9	Delivery service			
ate PROPOSED PROJECT						
art Date:	Ending Dale:		14. CONGRESSION	AL DISTRICT		
rant	Ongoing		a. Applicant Rio Linda , California	á	b. Project	
ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT Y	O REVIÉW BY STATE EXECUT	
Federe:			ORDER 12372 PRO	CESS7 REAPPLICATIO	MAPPLICATION WAS MADE	
Applicant		55,700	AVAILA	BLE TO THE S	TATE EXECUTIVE ORDER 123	
State		50,000	DATE:			
ocal :		-·· <del>au</del>	- b. No. M PROGR	AM IS NOT CO	OVERED BY E. C. 12372	
Dier			☐ OR PRO	XGRAM HAS N	OT BEEN SELECTED BY STAT	
rogram Income			FORRE	MEW.	ENT ON ANY FEDERAL DEST	
TOTAL	·	SD MM	Yes Mayes" attac			
ACHED ASSURANCES IF			BRI ICATION FOR AND	ICATION ICA	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
ultrorized Representative	First Name Shan			e Name		
Name	)   ·	HAT THE PARTY OF T	Lee Suffix		-1	
리 <u>가</u> 한번문					r (give aree code)	
-0-			916-9	91-4066	- (gram map (AS)0)	
ignasure of Authorized Repr	esentáliva // △		1	e Signed		

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	Version 7/03
FEDERAL ASSISTANCE			7.7	1 ''	05-322
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ier
Non-Construction	Non-Construction			RI	969489-01-0
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	121-	(6) 131
Legal Maine.			Department:		- 7
City of Santa Organizational DUNS:	Cruz Redeve	Lopment Agend	Division:	Municipa	<u>T</u>
050	515881				to be contacted on manage
Address:		-	Involving this appli	e number of per cation (give are:	rson to be contacted on matters
337	Locust Str	eet	Prefix:	First Name:	oe .
City:			Middle Name		
A	ta Cruz, CA	95060	Henry Last Name		4
Sar	2 <sup>n</sup> code 950 <b>50</b>	Control of the Contro	Hall		
State: California	2 P Code 9 5 0 6 0	CEIVED	Suffix:		
Country: U.S.A.	I I Inch	· OL IV Lead	Email: ihall@	ci santa	a∸cruz.ca.us
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN): CE	P 2 6 2005	Phone Number (give	area code)	Fax Number (give area code)
947_6000427	7	.1 ~ 0 2005	831-420-	-5154	831-420-5151
8. TYPE OF APPLICATION:	STATE	CLEARING HOUSE	7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
IX Ne	w 🏴 Continuatio	n Revision	C. Mur	nicipal	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)	TOTPUT	
Other (specify)			9, NAME OF FEDER	AL AGENCY:	Region IX EPA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T	THE OF APPLIC	Region IX, EPA
Brownfields Ass		GG-CAIR	Santa Ci	cuz Browi	nfields Revolving
COOPERATION AGI	eement		Loan Fur	nd	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	+		
City of Santa C		•			,
13. PROPOSED PROJECT /	W (C)		14. CONGRESSION	AL DISTRICTS	OF:
101	Ending Date:	0070	a. Applicant	7th	b. Project
15. ESTIMATED FUNDING:	September	-50T0		•	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PRO	CESS?	/APPLICATION WAS MADE
	1	,000,000	-		
b. Applicant \$		200,000		SS FOR REVIEW	VON
c. State \$		Ö	DATÉ:	9/23/05	,
d. Local \$		Ģ <del>ū</del>	b. No. I PROGR	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$		<u>,</u>	┥ '	GRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$	4.4	Ω	FOR RE	VIEW	
		 N	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	1	,200,000	Yes If "Yes" allac	h an explanation	. ⋤ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS APP	LICATION/PREAPPL	ICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix	First Name		Middle	e Name	
Last Name		Ceil		NMN	
Cirillo		<b></b>	Suffix		
b. Title Executiv	e Director		c. Tel	ephone Number 8 831 – 42	(give area code) 2 0 - 5 1 5 0
d. Signature of Authorized Repr	esentative	1	e. Dat	te Signed	<u> </u>
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			AL SUPPLIED	1 3 2005	
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		Jan Land	GMC	), PMD- <b>7</b>	
			The second		

APPLICATION FOR		A DATE OLIOASTOPEN		14-6-01400	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITYED 8/31/05		,	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ler		
Non-Construction  5. APPLICANT INFORMATION	Non-Construction_						
Legal Name:			Organizations	l Unit			
Watts Cinema and Education C	enter, inc.		Department: Wattstar Theat	re and Training Center	•		
Organizational DUNS: 15-910-6643		A STATE OF THE STA	Physion: WCEC				
Address	TREG	EVED	Name and telephone number of person to be contacted on matters				
Street: 10124 S. Broadway, Sulte 110-	o   III	0005	Prefix: Ms.	Involving this application (give area code) Prefix: First Name:			
City: Los Angeles		2 2 2005	Middle Name Jeane	Barbara			
County: Los Angeles	CTATE CL	EARING HOUSE	Last Name Slanton	•			
State: California	Zip Code 90003	Comment of the state of the sta	Suffix:	· · · · · · · · · · · · · · · · · · ·			
Country: United States of America			Email: wattetar@got.		•		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area codo)	Fax Number (give area code)		
95-4548513	1		(323) 757-750		(323) 757-7072		
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bad	c of form for Application Types)		
If Revision, enter appropriate lett	v Continuatio	n 🔲 Revision	N. Other				
(See back of form for description	of letters.)		Other (specify)				
Other (specify)	. 🗆	Ц	501 (c)(3) Non-Profit  9. NAME OF FEDERAL AGENCY:				
U.S. Dept. of Commerce, Economic Development Administration					· · · · · · · · · · · · · · · · · · ·		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:		TIVE TITLE OF APPLI			
TITLE (Name of December)		11-300	Wattstar Thea	tre and Training Cente	<b>r</b>		
TITLE (Name of Program): EDA Public Works Developmen				•			
12. AREAS AFFECTED BY PR		· •		,			
Watts/Willowbrook Communities	s; City and County of Los	Angeles, CA					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project				
4/2008 15. ESTIMATED FUNDING:	12/2007		35th District		35th, 37th and 39th Districts		
			DDBED 40070	BBBBBBBB	REVIEW BY STATE EXECUTIVE		
a. Federal \$		1,600,000	a. Yes. 🖸 🔭	IIS PREAPPLICATION (AILABLE TO THE ST	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		908,000		ROCESS FOR REVIEW			
c. State \$			D/	TE: 9/2/2005	1		
d. Local \$		892,000	D. NO. 🖾 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		, and	OF		T BEEN SELECTED BY STATE		
f. Program income \$		, w		<u>)B REVIEW</u> PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	W-W-W-	3,600,000	Yes If Yes	attach an explanation	ı. 22 No. ·		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS APP	ICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE		
a. Authorized Representative		WARDED.					
Prefix	First Name Barbara			<b>Middle Name</b> Jeane			
Leet Name Stanton Suffix							
b. Title Executive Director				c. Telephone Number (give area code) (323) 757-7506			
d. Signature of Adjustized Repre		e. Date Signed $9 - 3/ - 05$					
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SEP-13-2005 16:07 UC	R OFFICE OF R	RESEARCH		951 827 4483	
FEDERAL ASSISTANCE		8/31/05			EEI
1. TYPE OF SUBMISSION	3. DATE RECI	IVED BY STATE		State Application	Identifier
Application Preapplication					
☐ Construction ☐ Construction	4. DATE RECI	IVED BY FEDER	AL AGENCY	Federal Identifier	:
✓ Non-Construction ☐ Non-Construction	1				
		pa py today is			
5. APPLICANT INFORMATION		Omanizational	Unit: Environ	mental Sciences	Just Make Park
Legal Name: University of California, Riverside					ontacted on matters
Address (Give City, County, State, and Zip code):	CEIVED	involving this a	pplication (Give	area code)	
		. Samuelan et a contra a contra	. 2		E4 007 4046
Sponsored Projects Administration SE	P 1 3 2005	Mayela Castil	llo, Grant and (	Contract Analyst 9	51-82/-4810
Piverside CA 92521-0217		F TYPE OF APP	LICANT: (Enter	appropriate letter in	box)
6. EMPLOYER IDENTIFICATION NUMBER (FIN):		LI, WE OF ALL	LIOMITTI (EMILIA		
8 5 - 9 0 5 1 7 8					ا ا
8. TYPE OF APPLICATION		A. State		ndependent School [	
⊠ New	levision	B. County	1. S	tate Control Instit, of	Higher Learning
If Revision, enter appropriate letter(s) In box(es)		C. Municipal	J. F	rivate University	i I
		D. Township	K. Ir	ndian Tribe	
A. Increase Award B. Decrease Award		E. Interstate	L. II	ndividual	
C. Increase Duration D. Decrease Duration	F. Intermuni	cipal M. F	Profit organization	,	
Other (Specify)	G. Special D	District N. C	Other (Specify)	The state of the s	
9. NAME OF FEDERAL AGENCY: USDA Forest S	Service				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE		11. DESCRIPTIV	E TITLE OF APPL	ICANT'S PROJECT:	
1 0 - 6 6 4					
TITLE: Cooperative Forestry Assistance				nutrient charactori	zation relative to
12. AREA AFFECTED BY PROJECT (Cities, counties, s	itates, etc.)	atmospheric i	nitrogen depos	ition.	
California					
	ONAL DISTRICTS C	F:		L RUETY	
Start Date End Date a. Applicant	Congressional Di	ctrict	b. Project	44th	
8/15/05 8/15/06 44th 0	Congrestional Di	16. IS APPLICA	TION SUBJECT 1		E EXECUTIVE ORDER
TO TOTAL TOT		12372 PROC	CESS?		
a. Federal \$5,000		a. (YES.)This	preapplication/a	application was mad	e available to the
b. Applicant \$2,475		Stat	te Executive Ord	er 12372 Process fo	r review on:
c. State \$		DAT	E: 9/13/	/05	
d. Local \$	•	⊣		overed by E.O. 1237	'2
e. Other \$	Is here processed as the processed and the processed as t		or Program has i	not been selected by	State for review
f. Program \$		17. IS THE APP	LICANT DELING	JENT ON ANY FEDER	RAL DEBT?
THE PARTY OF THE P		YES -	If "YES", attach	an explanation.	⊠ NO
g. TOTAL \$:7,475	IFF. ALL DATA IN	THIS APPLICAT	ION/PREAPPLIC	ATION ARE TRUE A	ND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY	THE GOVERNING	BODY OF THE AF	PELICANT AND T	HE APPLICANT WIL	L COMPLY WITH THE
a. Type Name of Authorized Representative	b. Title		).     « = ±   ,   0	c. Telephone	Number
Mayela Castillo		tract and Grant	Analyst		-827-4816
d. Signature of Authorized Representative	-	Attritue		e. Date Sign	
G. Signature of Authorized Representative				9-1	305
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APPLICATION FOR			. \		Ve	rsion 9/03			
FUDERAL ASSISTAN	ICE		2. DATE SUBMI	TTED	l.	r., dcant Identifier			
			09/06/2005			NON-PROFIT ORGANIZATION			
1. TYPE OF SUBMISSION:	_		3. DATE RECEIV	VED BY STATE		State App	lication Identifier		
Application	Preappl								
Construction		struction	4. DATE RECEN	PED BY FEDERAL A	GENCY	Foderal Id	entifier		
✓ Non-Construction	Non	-Construction							
5. APPLICANT INFORMATION				Organizationa	ıl Unit:			~~~	
* Legal Name: HANDICAPPE	R ADVOC	CACY ALLIANCE, IN	IC.	Department:					
* Organizational DUNS:	016515	772		Division:					
Address:				Name and telepl			n to be contacted	d on matters in	nvolving
* Street1: 1048 PIERPONT ST	E. 9&10			this application (					
Street2:			Prefix:	* Firs	t Name: I	ELLEN			
* City: LANSING	c	County		Middle Name:					
* State: MI * Zip C	ode: 489	111-5976 * Coun	itry USA	<u> </u>	WEAVER				
6. * EMPLOYER IDENTIFICATION	NUMBE	ER (FIN):		Suffix:		L	AVER@CACIL.		]
38-2154463		* Phone Number 517-241-0408	(give area c	ode) i	Fax Number (give	e area code)			
B. TYPE OF APPLICATION:				7. * TYPE OF AF	PPLICANT:	ration (Oth	er than Institution	on of t	
✓ New ☐ Continuation		Other (specify)		120011 (01)	ior than motitatio	211 01 1			
If Revision, enter appropriate letter(s									
A. Increase Award B. Decrease Award C. Increase Duration				9. * NAME OF FI	EDERAL AG	SENCY:			
D. Decrease Duration Other (specify):				U.S. Department	of Educatio	n			———
0. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 84.132				44 + PECCEIPT	WE TITLE (	DE ABBLIA	ANTIO DE LE	~	
TITLE: Centers for Independent Livi	na			11. * DESCRIPT			1 h	JEOR	11/1
				"THE GREAT ESCAPE" COMMUNITY-BASED ALTERNATIVES TO VEINSTITUTIONALIZATION					
12. * AREAS AFFECTED BY PRO	JECT	(Cities, Counties, States, etc.)	tr	SEP 9 2005					
NATIONAL							STAT		
13. * PROPOSED PROJECT:		L		14. * CONGRESSIONAL DISTRICTS OF:					
Start Date	***************************************	* Ending Date		* a. Applicant			* b. Project		
01/01/2006		12/30/2011		8			NATIONAL		
5. * ESTIMATED FUNDING:		.2.00.2011			TION OUD II				
a. Federal	s [	153.699.0	00	16. IS APPLICAT ORDER 12372 PI		ECTION	EVIEW BY STA	TE EXECUTIV	/E
b. Applicant	\$ [	0.0	00	a. YES. THIS PRE					то
c. State	\$	0.0	00	✓ YES	DATE	09/06/2	005		
d. Local	\$	0.0	00	b. PROG	RAM IS NOT	COVERED	BY E.O. 12372		
e. Other	\$	0.0	0		ROGRAM HA	S NOT BEE	N SELECTED BY	STATE FOR F	REVIEW
f. Program Income	\$	0.0	0	17. IS THE APPL	ICANT DEL	INQUENT	ON ANY FEDER	RAL DEBT?	
TOTAL	\$	153,699.0	0	Yes If "Y	res," attach	an explana	ation.	V	No
. * TO THE BEST OF MY KNOWLEDGE A OVERNING BODY OF THE APPLICANT A	ND BELIEF, ND THE API	, ALL DATA IN THIS APP PLICANT WILL COMPLY	LICATION/PREAPPLI WITH THE ATTACHE	CATION ARE TRUE AND D ASSURANCES IF THE	CORRECT. TH	IE DOCUMEI IS AWARDED	T HAS BEEN DULY	AUTHORIZED E	BY THE
a. Authorized Prefix:	*	First Name: ELLE	N		Middle Nam	е			
* Last Name:	WEAVE	R				Su	ffix:		
b. Title: EXECUTIVE DIRECTOR	CACIL		* c. Tele	ephone Number (give	area code):	517-241	-0408		
Email: EWEAVER@CACIL.ORG	}		Fax Nu	mber (give area code	e):	517-241	-0438		
Signature of Authorized Representative: Completed on submission to 0				Grants.gov e	. Date Signe	ed: Comp	leted on submiss	sion to Grants	.gov

APPLICATION FOR			2. DATE SUBMITTED		icant Identifier			
FEDERAL ASSISTANCE	1		Z. DATE SUBMITTED		. '	icani idei	lullei	
1. TYPE OF SUBMISSION: Application	Pre-applicat	ion	3. DATE RECEIVED BY	YSTATE	State	e Applicat	tion Identifier	
Construction	Construc	tion	4. DATE RECEIVED BY FEDERAL AGE		NCY Fede	CY Federal Identifier		
Non-Construction	Non-Cons	struction				· · · · · · · · · · · · · · · · · · ·		
5. APPLICANT INFORMATION Legal Name:		<del></del>	and the second s	Organizationa	al Unit		,	
California State University, Long	r Beach Found	dation		Department:				
Organizational DUNS:	, beach roun			Biological Sciences  Division:				
006199129				College of Natural Sciences and Mathematics  Name and telephone number of person to be contacted on matters				
Address: Street:		БГ	CENTED	involving this				eu on matters
6300 State University Dr., Suite	6300 State University Dr., Suite #332		CEIVED	Prefix: Dr.	First Este	Name:		
City: Long Beach			P 8 2005 Middle Name					
County:		0.	21 0 2005	Last Name Fernandez-Juri				
Los Angeles	Zip Code	STATE	CLEARING HOUSE	Fernandez-Juri	ICIC			
State: CA	90815							
Country:  USA	Country: USA			Email: efernand@csu	ılb.edu			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number	r (give area cod	de)	Fax Number (give	area code)	
9 5 -6 1 0 6 6 9 4				(562) 985-7597	7		(562) 985-8878	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT:	(See bac	k of form for Applica	ition Types)	
New Continuation Revision If Revision, enter appropriate letter(s) in box(es)				N				
(See back of form for description of letters.)				Other (specify)	. 1			-l t t
Other (specify)				9. NAME OF F			ry for state controlle	3 university
				Department of	the Interior-E	Bureau of		
10. CATALOG OF FEDERAL D	OMESTIC A	SSISTANC	E NUMBER:				CANT'S PROJECT	
							ation level variation	
TITLE (Name of Program): Unsolicited proposal					Southwestern Willow Flycatcher (Empidonax traillii extimus) vocalizations: applications for tracking individuals in time and space			
12. AREAS AFFECTED BY PRO	OJECT (Cities	s, Counties	, States, etc.):					
Roosevelt Lake, Gila River, San	Pedro River,	Arizona ar	nd California					•
13. PROPOSED PROJECT				14. CONGRESSIONAL DISTRICTS OF:				
Start Date:	Ending Da			a. Applicant			b. Project all related to #12	
January 1, 2006  15. ESTIMATED FUNDING:	February '	15, 2007		46th	ATION SUB.	JECT TO		
			00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  THIS PREAPPLICATION/APPLICATION WAS MADE				
a. Federal \$			20,000				ATE EXECUTIVE O	
b. Applicant \$			20,000	PF	ROCESS FOR	R REVIEV	W ON	
c. State \$			0 .	D/	ATE: Septem	ber 9, 20	05	
d. Local \$		and the state of t	00	b. No.	ROGRAM IS I	NOT COV	/ERED BY E. O. 12	372
e. Other \$		· · · · · · · · · · · · · · · · · · ·	0 .			HAS NO	T BEEN SELECTE	D BY STATE
f. Program Income \$			0		PR REVIEW	LINQUE	NT ON ANY FEDE	RAL DEBT?
g. TOTAL \$			00				n. 🛭 🗓 No	
18. TO THE BEST OF MY KNO	WI FROE AN	D DELIEE	40,000	Yes If "Yes		•		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZEI	BY THE	<b>GOVERNING BODY OF</b>	THE APPLICAN	T AND THE	APPLICA	NT WILL COMPLY	WITH THE
a. Authorized Representative		Middle Name	2					
Brefix Br.	First Name Elizabeth				L.			
Last Name Ambos				×	Suffix			
b. Title Associate Vice President for Re	search and F	kternal Sur	pport		c. Telephone (562) 985-53		(give area code)	
d. Signature of Authorized Repre		J. Sur	12-21	1	e. Date Sign		pr. 1, 2	5
		L	and the same	7-1	101/0 0 0000			

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							OMB Approval No. 0348-0043		
APPLICATION FO	OR TANCE	) 	2. DATE SUBMIT 05-26-0	)5		Applicant for State Applicant Idantifler	N/A		
1. TYPE OF SUBMISSION			3. DATE RECEN	VED BY S	TATE	State Applicant tourities	N/A		
<b>Application</b>	Ртовррі		A DATE SECEN	VET) BY F	EDERAL AGENCY	Federal Identifica			
Construction	_	struction	4, DATERECE	VED CT.			N/A		
Non-Construction     Non-Construction		-Construction							
5. APPLICANT INFORMAT					Organizational Unit:				
Legal Name: Santa Ana, (		17	Andrew Street, and	7	Division:				
Organizational DUNS: Address (give city, county,	08-315-324	AND DESCRIPTION	WED	++	Name and telephone	number of person to be conf	tacted on matters involving this		
60 Civic Center		REUL	I W San In	1 1	application (give and Name: Chi A				
	1	SEP	<b>8</b> 2005	1 1	Cpi. A	nthony Bertagna			
Santa Ana, CA	1	-		_\	Phone: (714)	245-8029			
		STATE CLEA	RING HOUS	E	• '	CANT: (enter appropriate !	etter in bax) C		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):						H Independent So	thool Dist.		
9	56000785	•		1	A. State B. County	I. State Control	ad Institution of Higher Learning		
8. TYPE OF APPLICATIO	N·				C. Municipal	J. Private Univer	sily		
a. ITPE OF ACPLICATIO			per legalitati		D. Township E. Inlerstate	K. Indlan Trib≘ L. Indlviduæl			
	☑ New	☐ Continuation	☐ Revision	,	F. Intermunicit				
If Revision, enter appropria	nta letter(s) in b	0x(es):			G. Special Dist	rict N. Olher (Specify			
A. Increase Award		asa Award C.	Increase Duratio	na	9. NAME OF FEDI	RAL AGENCY:			
D. Decrease Duration	Other (sp	ecity):				Department of.	Justice		
					Offic	e of Community Oriente	ed Policing Services		
					11 DESCRIPTIVE	TITLE OF APPLICANTS P	ROJECT:		
10. CATALOG OF PEDE	RAL DOMESTI 1	C ASSISTANCE	NOMBEK:		11. 52001				
		1 6.	7 1	0					
TITLE: 2005 Technol					STAT-TRAC Technology Expansion				
12. AREAS AFFECTED BY F		, counties, atales,	ero.):						
City of Santa Ana	3.				L				
13. PROPOSED PROJE		<del> </del>	SSIONAL DISTRI	ICTS OF	b, Project				
Start Date End	ng Date	a. Applicant	ict - Loretta S	Sanch	•	District - Loretta San	chez		
12/08/2004 1	2/07/2005		ict - Christop		ox 48th	District - Christopher	Cox		
15. ESTIMATED FUNDIN	IG:				16. IS APPL		NEW BY STATE EXECUTIVE		
a. Federal	5		19	7329.00		12372 PROCESS?			
					a (YES)	THIS PREAPPLICATION/AP	PLICATION WAS MADE		
b. Applicant	\$			٥,	٥	AVAILABLE TO THESTATE PROCESS FOR REVIEW O	EXECUTIVE ORDER 12372 N:		
c. State	\$			۵,	0	DATE 09-08-05			
d. Local				.0			THERE BY E A 42272		
					b. NO.	<del></del>	OVERED BY E.O. 12372		
e. Other	3			.0	0	OR PROGRAM HAS N FOR REVIEW	OT BEEN SELECTED BY STATE		
f. Program income	-   -			,0	0		ON ANY SEDERAL DERTY		
						APPLICANT DELINQUENT			
g. TOTAL	2		,	,329 .0					
18. TO THE BEST OF MY K	NOWLEDGE AN	D BELIEF, ALL DA	TA IN THIS APPLIC	ATION/P	REAPPLICATION ARE THITHE ATTACHED AS	TRUE AND CORRECT. THE DO SURANCES IF THE ASSISTANCES	Cument has been duly authorized te is awarded.		
a. Typed Name of Autho	OF INMAFIE	OKAT AND THEFT	T GIO ATT TITLES T	b. Tile	-		c. Telephone number (714) 245-8001		
Paul M. Walte	rs				Chief of Police		e. Date Signed		
d. Signature of Authorize	o Kepresentat	.WB					97.05		
1 Kul	WK								
	· ·	4 4 1 1 14 14			Standard Form	424 (REV. 4-92)	Prescribed by OMB Circular A-10		

Mr. Henry T.

Last Name
Garcia Suffix
N/A
b. Title c. Telephone Number (give area code)
City Administrator (909) 820-2689
d. Signed of Authorized Representative e. Date Signed

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September 6, 2005

APPLICATION FOR				-		Version 7/0			
FEDERAL ASSISTANCE	E		2. DATE SUBMITTED	09/09/2005	Applicant lo	Applicant Identifier N/A			
1. TYPE OF SUBMISSION: Application	Pre-app	lication	3. DATE RECEIVED E	Y STATE	State Applic	ation Identifier 06-01563			
<b>■</b> Construction	1	truction	4. DATE RECEIVED BY FEDERAL AG		GENCY Federal Ide				
Non-Construction  5. APPLICANT INFORMATION	□ Non-C	onstruction				1.			
Lenal Namo		at of Barks (	and-Recreation	Organizatio		r du			
Centornia - Di	chai ri uer		CIVED	Department:	Department: California Department of Park and Recreation				
Organizational DUNS: 17207	70807	HE	JEIVED	Pr 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Address:		- SEP	7 2005		Name and telephone number of person to be contacted on matters				
Street: PO Box 942896			involving the Prefix: Ms.	olving this application (give area code)  fix: Ms. First Name: Betty					
City: Sacramento	Ne.	STATE C	EARING HOUSE		Middle Name				
County: Sacramento		16.	W1	Last Name	Ettinger	VI.			
State: California	Zip Code	94296-00	01	Suffix:	,	7			
Country: USA				Email: bett	ti@parks.ca.gov				
6. EMPLOYER IDENTIFICATION	N NUMBE	R (EIN):		Phone Numb	per (give area code)	Fax Number (give area code)			
68 - 0303606				(916) 65	1-8174	(916) 653-6511			
B. TYPE OF APPLICATION:				7. TYPE OF	APPLICANT: (See ba	ack of form for Application Types)			
✓ New ☐ Continuation ☐ Revision  If Revision, enter appropriate letter(s) in box(es)				A. Sta	A. State				
(See back of form for description	of letters.	)		Other (specifi	y)				
Other (specify)				9. NAME OF	FEDERAL AGENCY:	or, National Park Service			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:						LICANT'S PROJECT:			
			15 - 916	California	Aqueduct Bikewa	y Development			
TITLE (Name of Program): Lar	nd & War	ter Conserv			·	•			
12, AREAS AFFECTED BY PR				-					
06-049270									
13. PROPOSED PROJECT Start Date:	Ending	Date		14. CONGRE	SSIONAL DISTRICT	S OF:			
		Date:		a. Applicant	03	b. Project 32			
15, ESTIMATED FUNDING:				16. IS APPLI	CATION SUBJECT T	O REVIEW BY STATE EXECUTIVE			
a. Federal \$		<u> </u>	142,552.0	Yes E	THIS PREAPPLICATION	N/APPLICATION WAS MADE			
b. Applicant \$		· · · · · · · · · · · · · · · · · · ·	148,370.0	<b>→</b> ′	AVAILABLE TO THE S PROCESS FOR REVIE	TATE EXECUTIVE ORDER 12372 EW ON			
c. State \$				1	DATE: 9/7/05				
d. Local \$				d. No, □ F	ROGRAM IS NOT CO	VERED BY E. O. 12372			
e. Other \$			J	<u> 5</u>	OR PROGRAM HAS N	OT BEEN SELECTED BY STATE			
f. Program Income \$				17. IS THE A	PPLICANT DELINGU	ENT ON ANY FEDERAL DEBT?			
g, TOTAL \$	14	* 1,	290,922.00	Yes If "Ye	s" attach an explanatio	on. 🗷 No			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUI Y	WLEDGE /	AND BELIEF,	ALL DATA IN THE AD	DI 10 4 E10 4					
ATTACHED ASSURANCES IF 1  B. Authorized Representative				THE APPLICAL	NT AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE			
Prefix Ms.	First Nam	e Ruth			Middle Name				
Last Name Coleman					Suffix				
. Title Director, Parks and	Recreat	, ion			c. Telephone Numbe	r (give area code)			
. Signature of Authorized Repres	entative				(915) 653-7423 e. Date Signed				
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APPLICATION FOR				Analisant Identi	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 0	8/17/2005		Applicant Identifier N/A	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier 06-01576	
✓ Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Y Federal Identific	er	
☐ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizational U	nit:		
Legal Name: California - De	epartment of Parks	and Recreation	Department: California Department of Park and Recreation			
Organizational DUNS: 17207	70807		Division: Office	of Grants and Lo	ocal Services	
Address:		) Perm			son to be contacted on matters	
Street: PO Box 942896	KEC	SEINED	Prefix: Ms.	plication (give area First Name: B	etty	
City:	SEP 7 2005		Middle Name			
County			Last Name CH	tinger		
State:	EARING HOUSE	Suffix:	ungei			
California	Zip Code 94296-00	U	Email: Lau:			
Country: USA			решфр	arks.ca.gov	Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  [68] -[0303606]			Phone Number (g (916) 651-81	(916) 653-6511		
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
× Ne	on 🗌 Revision	A. State				
lf Revision, enter appropriate let (See back of form for description	tter(s) in box(es) n of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEE U.S. Depar	DERAL AGENCY: tment of Interior	, National Park Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN		11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):	ind & Water Conser	15 - 916	Pleasanton Ridge Regional Park ACQ			
12. AREAS AFFECTED BY PF			_			
06-00562						
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	· · · · · · · · · · · · · · · · · · ·	
Start Date:	Ending Date:		a. Applicant 03		b. Project 13	
15. ESTIMATED FUNDING:			ORDER 12372 PI	ROCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal	3	200,000.00	a. Yes. 🗷 THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	3	730,000.00		CESS FOR REVIEV	V ON	
c. State	,		İ	E: 08/05/2005		
d. Local	\$		D. NO. $\Box$		/ERED BY E. O. 12372	
e. Other	\$		☐ FOR	REVIEW	T BEEN SELECTED BY STATE	
f. Program Income	\$		17. IS THE APPI	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	•	930,000.00		attach an explanation		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY	Y AUTHORIZED BY TH	E GOVERNING BODY OF	PLICATION/PREAL THE APPLICANT	PPLICATION ARE I AND THE APPLICA	RUE AND CORRECT. THE INT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS	AWARDED.				
Prefix Ms.	First Name Ruth		М	iddle Name		
Last Name Coleman			Sı	uffix		

c. Telephone Number (give area code) (916) 653-7423 e. Date Signed d. Signature of Authorized Representative
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b. Title Director, Parks and Recreation

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED	08/17/2005	Applicant Ident	fier N/A	Version 7/03	
		3. DATE RECEIVED BY		State Application	State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	0.0,		, ,	(	06-01587	
	☐ Construction	4. DATE RECEIVED BY FEDERAL AGEN		CY Federal Identifi	er		
<ul><li>☐ Non-Construction</li><li>5. APPLICANT INFORMATION</li></ul>	Non-Construction						
1 1 N		and Decreation	Organizational l				
California - De	epartment of Parks	and Recreation		lifornia Departm			
Organizational DUNS: 17207	70807		1	of Grants and Lo			
Address: Street:	REC	EIVED		Name and telephone number of person to be contacted on matters involving this application (give area code)			
PO Box 942896	CED	7 2005	Prefix: Ms.	First Name: B	etty		
City: Sacramento	SEP	7 2003	Middle Name				
County: Sacramento	STATE CLE	ARING HOUSE		ttinger			
State: California	Zip Cdde 94296-00	001	Suffix:				
Country: USA			Email: betti@	parks.ca.gov			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (	give area code)	Fax Number (	give area code)	
68 - 0303606			(916) 651-8 <sup>-</sup>	174	(916) <i>5</i> 53-	6511	
8. TYPE OF APPLICATION:			7. TYPE OF API	PLICANT: (See back	of form for Ap	plication Types)	
If Revision, enter appropriate le		on 🗌 Revision	A. State				
(See back of form for descriptio	n of letters.)		Other (specify)				
Other (specify)			U.S. Depa	DERAL AGENCY: rtment of Interior	, National P	ark Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJ	ECT:	
		15 - 916		Caara Da	wk DEV		
TITLE (Name of Program): La	and & Water Conser	vation Fund		Sears Pa	ILK DE A		
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	es, States, etc.):					
06-53448							
13. PROPOSED PROJECT	Ending Date:		a. Applicant 03	SIONAL DISTRICTS	b. Project		
Start Date:	Ending Date.		1	TION SUBJECT TO		22	
15. ESTIMATED FUNDING:			ORDER 12372 F	PROCESS?			
a. Federal	\$	50,435.0	U a. Yes. 🗠 AV	S PREAPPLICATION AILABLE TO THE ST	ATE EXECUTI	VE ORDER 12372	
b. Applicant	\$	50,440.0	0 PR	OCESS FOR REVIE	W ON		
c. State	\$			TE: 08/05/2005			
d. Local	\$		D. NO. 🗆	OGRAM IS NOT CO			
e. Other	\$		☐ FO!	PROGRAM HAS NO R REVIEW			
f. Program Income	\$		17. IS THE APP	PLICANT DELINQUE	ENT ON ANY F	EDERAL DEBT?	
g. TOTAL	\$	100,875.0		attach an explanatio		No	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY TH	E GOVERNING BODY O	F THE APPLICANT	AND THE APPLICATION ARE	ANT WILL CO	WPLY WITH THE	
a. Authorized Representative	IF: ANI-		<u> </u>	Middle Name			
IVIS.	First Name Ruth			Suffix			
Coleman	- I D "-			c. Telephone Numbe	r (give area code	)	
d. Signature of Authorized Rep				(916) 653-7423 e. Date Signed			
Previous Edition Usable	inger			8-17-05	Standard F	orm 424 (Rev.9-2003) ov OMB Circular A-102	
Authorized for Local Reproduc	tion				riescined L	, Jivib Girculal A-102	

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APPLICATION FOR		O DATE OUDLITTED		Applicant Idan	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 0	2. DATE SUBMITTED 08/17/2005		Applicant Identifier N/A		
1. TYPE OF SUBMISSION:	Dra application	3. DATE RECEIVED BY	TATE State Application Iden		on Identifier 06-01586		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif			
<ul><li>✓ Construction</li><li>☐ Non-Construction</li></ul>	☐ Construction						
5. APPLICANT INFORMATION	Non-construction						
Legal Name: California - De	partment of Parks	and Recreation	Organizational Uni				
	and the same of th		n		ent of Park and Recreation		
Organizational DUNS: 17207	0807   <b>R</b>	ECFIVED	1.1		ocal Services		
Address: Street:		LUCIVED	Name and telephor	ne number of pe	rson to be contacted on matters		
PO Box 942896		SEP 7 2005	nvolving this application (give area code)  Prefix: Ms.  First Name: Betty				
City: Sacramento		* 400,5	Middle Name				
Sacramento	STATE	CLEARING HOUSE	Last Name				
County: Sacramento		THING HOUSE	Eur	ger .			
State: California	Zip Code 94296-00	01	Suffix:				
Country: USA			Email: betti@pai	ks.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give	area code)	Fax Number (give area code)		
68 - 0303606			(916) 651-8174	ļ	(916) 653-6511		
8. TYPE OF APPLICATION:		A	7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)		
⊠ Nev		on 🗌 Revision	A. State				
If Revision, enter appropriate lett (See back of form for description		Other (specify)					
Other (specify)			9. NAME OF FEDE	RAL AGENCY:			
		U.S. Departm	ent of Interior	, National Park Service			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC				CANT'S PROJECT:		
		15 - 916	Azalea Neighbo	orhood Park D	evelopment		
TITLE (Name of Program): Lar	nd & Water Conser	vation Fund					
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):					
06-66000							
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant 03	NAL DISTRICTS	b. Project 53		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE		
a. Federal \$		70,000.00			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		80,000.00		SS FOR REVIE			
c. State \$		00,000.00	DATE:	08/05/2005			
d. Local \$					/ERED BY E. O. 12372		
			□ D. No. □				
e. Other \$					T BEEN SELECTED BY STATE		
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		150,000.00	☐ Yes If "Yes" atta	ch an explanation	n. 🗷 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE T D THE APPLICA	FRUE AND CORRECT. THE INT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name Duth		Midd	le Name			
IVIS.	Mis. Rutii						
Last Name Coleman			Suffi				
<sup>b. Title</sup> Director, Parks and		(	lephone Number 916) 653-7423	(give area code)			
d. Signature of Authorized Repre	esentative		e. Da	te Signed	~;		
Previous Edition Usable				11-0	Standard Form 424 (Rev.9-2003		
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03	
		U	8/17/2005		IN/A	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier 06-01579		
Construction     ■	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name: California Do	northeant of Doube	and Decreation	Organizational Un	t:		
California - De	partment of Parks	and Recreation	Department: Califo	ornia Departm	ent of Park and Recreation	
Organizational DUNS: 17207	0807 RE	CEIVED	Division: Office o	Grants and L	ocal Services	
Address: Street:		- 97 200			rson to be contacted on matters	
PO Box 942896	SE	P 7 2005	involving this application (give area code)  Prefix: Ms.  First Name: Betty			
City: Sacramento	STATE	CLEARING HOUSE	Middle Name			
County: Sacramento		the state of the s	Last Name Ettir	nger		
State: California	Zip Code 94296-00	001	Suffix:			
Country: USA	L		Email: betti@pa	rks.ca.gov		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)	
68 - 0303606			(916) 651-817	1	(916) 653-6511	
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See back	k of form for Application Types)	
▼ Nev		on 🗌 Revision	A. State			
If Revision, enter appropriate lett (See back of form for description		Other (specify)				
Other (specify)		9. NAME OF FEDE U.S. Departr	RAL AGENCY: nent of Interior	, National Park Service		
10. CATALOG OF FEDERAL	OMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:	
		15 - 916	Quail Meadows	Trail Develop	oment	
TITLE (Name of Program): Lar	nd & Water Conse	vation Fund				
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	es, States, etc.):	-			
06-41474						
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant 03		b. Project 04	
15. ESTIMATED FUNDING:			ODDED 40070 DD6	0000	REVIEW BY STATE EXECUTIVE	
a. Federal \$		94,775.00	a Yes K THIS F	REAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		94,775.00		ESS FOR REVIEW		
c. State \$			DATE:	08/05/2005		
d. Local \$		A	b. No.   PROG	RAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$					T BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPLIC	EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		189,550.00	│ │ ☐ Yes If "Yes" atta	ach an explanation	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY TH</b>	E GOVERNING BODY OF '	PLICATION/PREAPF THE APPLICANT AN	LICATION ARE 1 ND THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Ms.	First Name Ruth		Midd	ile Name		
Last Name	Nutti		Suff	x		
b. Title Director, Parks and	1 Recreation		c. Telephone Number (give area code)			
d. Signature of Authorized-Repre	esentative		e. D	(916) 653-7423 ate Signed		
Previous Edition Usable	ngr_		ξ	1-11-00	Standard Form 424 (Rev.9-2003)	
Authorized for Logal Reproduction	on 🗸			•	Prescribed by OMB Circular A-102	

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	Version 7/03		
FEDERAL ASSISTANCE			)8/17/2005		IN/A		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier 06-01589			
	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier		
Non-Construction	☐ Non-Construction				ı		
Legal Name: California Do	portmont of Darks of	and Degraption	Organizational Unit				
California - De	partment of Parks a	and Recreation	Department: Califo	Department: California Department of Park and Recreation			
Organizational DUNS: 17207	0807		Division: Office of Grants and Local Services				
Address: Street:			Name and telephon involving this appli		rson to be contacted on matters		
PO Box 942896	RECE	EIVED	Prefix: Ms.	First Name: B	etty		
City: Sacramento		N Land	Middle Name				
County: Sacramento	SEP	7 2005	Last Name Ettin	ger			
State: California	Zip Code 94296-00	RING HOUSE	Suffix:				
Country: USA	SIMIL OLLA	The state of the s	Email: betti@par	ks.ca.gov			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)		
68 - 0303606			(916) 651-8174		(916) 653-6511		
8. TYPE OF APPLICATION:		***************************************	7. TYPE OF APPLIC	CANT: (See back	of form for Application Types)		
Mev		n 🗌 Revision	A. State				
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDER U.S. Departm	RAL AGENCY: ent of Interior	, National Park Service		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T				
		15 - 916	Long Canyon P	arkland Acqui	sition		
	nd & Water Conserv						
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):					
06-72016							
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant 03	IAL DISTRICTS	b. Project 23		
15. ESTIMATED FUNDING:			<b>ORDER 12372 PRO</b>	CESS?	REVIEW BY STATE EXECUTIVE		
a. Federal \$		170,000.00	la. res. 🗀		I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		508,000.00	DDOCE	SS FOR REVIEW			
c. State \$			DATE:	08/05/2005			
d. Local \$			b. No.   PROGR	AM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$					T BEEN SELECTED BY STATE		
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		678,000.00	☐ Yes If "Yes" atta	ch an explanatior	n. 🗷 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE 1 D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix Ms.	First Name Ruth		Middl	le Name			
L and Nieman	Ruill		Suffix	<			
b. Title Director, Parks and	1 Pacreation		c. Te	lephone Number	(give area code)		
d. Signature of Authorized Repre	,	(916) 653-7423 °e. Date Signed					
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	f			1			
APPLICATION FOR					Version 7/03		
EDERAL ASSISTANCE	•	2. DATE SUBMITTED 0	8/17/2005	Applicant Ident	tifier N/A		
. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier 06-01602		
Application  Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ier		
Non-Construction	☐ Non-Construction						
APPLICANT INFORMATION			Organizational Un	i <del>†</del> ·			
.egal Name: California - De	epartment of Parks	and Recreation			ent of Park and Recreation		
Organizational DUNS: 17207	70807		Division: Office o				
\ddress:	DEC	FIVED	Name and telepho	ne number of per	rson to be contacted on matters		
Street: PO Box 942896	חבי	JLIV L	involving this app  Prefix: Ms.	First Name:	a code)		
FO BOX 342030	CEP	7 2005					
<sup>City:</sup> Sacramento	) JEI	1 2000	Middle Name				
<sup>County:</sup> Sacramento	STATE C	LEARING HOUSE		nger			
<sup>State:</sup> California	Zip Code 94296-00	The state of the s	Suffix:				
Country: USA			rks.ca.gov	,			
5. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)  Fax Number (give area code)				
[68] <b>-</b> [0303606]			(916) 651-8174 (916) 653-6511  7. TYPE OF APPLICANT: (See back of form for Application Types)				
B. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See back	k of form for Application Types)		
Ne		on 🗌 Revision	A. State				
f Revision, enter appropriate let See back of form for description	n of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	r, National Park Service		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
IU. CATALOG OF TEDLINAL	DOMEOTIO ACCIOTAN	15 - 916	Flint Canyon D				
TITLE (Name of Program): La	nd 8 Water Conser		Time Garlyon Bovolopmone				
La 12. AREAS AFFECTED BY PF	ROJECT (Cities Countie	es States etc.):					
06-39003	COSCOT (Onics, Country	, Graico, 610.7.					
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant 03		b. Project 28		
15. ESTIMATED FUNDING:				ON SUBJECT TO	REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PR	OCESS?			
a. Federal		125,000.00	Ja. res. 🖰 AVAIL	ABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372		
b. Applicant \$		215,000.00	)	ESS FOR REVIEN	/V ON		
c. State				08/05/2005	45757 DV 5 0 40070		
d. Local	5		b. No. □		VERED BY E. O. 12372		
e. Other	\$			REVIEW	OT BEEN SELECTED BY STATE		
f. Program Income	5		17. IS THE APPLI	CANT DELINQUE	ENT ON ANY FEDERAL DEBT?		
g. TOTAL		340,000.00		•			
18. TO THE BEST OF MY KNOOCUMENT HAS BEEN DULY	OWLEDGE AND BELIE Y AUTHORIZED BY TH	F, ALL DATA IN THIS AP E GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE ND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.			4		
a. Authorized Representative Prefix	First Name Duth		Mic	dle Name			
IVIS.	Ruth		Suf	fix			
Coleman Coleman			041				

b. Title Director, Parks and Recreation

d. Signature of Authorized Representative

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c. Telephone Number (give area code) (916) 653-7423

e. Date Signed

Standard For Prescribed by

APPLICATION FOR FEDERAL ASSISTANCE	Ē	2. DATE SUBMITTED	08/17/2005	Applicant Ident	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED B	VEEDERAL ACE	NCY Federal Identifi	06-01599
▼ Construction	Construction	4. DATE RECEIVED B	I FEDERAL AGE	rederal identili	CI
Non-Construction 5. APPLICANT INFORMATION	│				
Legal Name: California - De	epartment of Parks	and Recreation	Organizationa Department: C		ent of Park and Recreation
Organizational DUNS: 17207	70807	d er ef fildfill freilingsfau serammen versammen fra men freiligen fra state fra state fra state fra state fra		ce of Grants and Lo	
Address:		and the state of t	Name and tele	phone number of per	son to be contacted on matters
Street: PO Box 942896	REC	EWED	Prefix: Ms.	First Name: B	etty
City: Sacramento	050	7 2005	Middle Name		
County: Sacramento	SEP		Last Name	Ettinger	
State: California	Zip Code 94296-00	MARING HOUSE	Suffix:		
Country: USA	DIAI	The state of the s	Email: betti@	②parks.ca.gov	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Numbe	r (give area code)	Fax Number (give area code)
68 - 0303606			(916) 651-	8174	(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)
✓ Ne		n 🗌 Revision	A. State	)	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)		•
Other (specify)				EDERAL AGENCY: partment of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIP	TIVE TITLE OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program):	nd & Water Conser	15 - 916	Elfin Forres	st Recreational Res	serve Development
12. AREAS AFFECTED BY PR					
06-22804		, , ,			
13. PROPOSED PROJECT			14. CONGRES	SSIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 0	3	b. Project 51
15. ESTIMATED FUNDING:		Annual Carlos (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984	00000 40000	PP00F000	REVIEW BY STATE EXECUTIVE
a. Federal \$		68,500.0	O a Ves 🗷 Th	HIS PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		68,500.C	$\dashv$ $\Box$	ROCESS FOR REVIEW	TE EXECUTIVE ONDER 12012
c. State \$				ATE: 08/05/2005	
d. Local \$			⊢ b. No. ☐ Pf	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$					T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE AF	OR REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		137,000.0	00	attach an explanation	ı. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY O			
a. Authorized Representative	T:t N		*****	Middle Name	
Prefix Ms.	First Name Ruth		MANUAL TO THE STATE OF THE STAT		
Last Name Coleman			- 1	Suffix	
b. Title Director, Parks and				c. Telephone Number (916) 653-7423	(give area code)
d. Signature of Authorized Repri	esentative			e. Date Signed	Standard Form 424 (Rev.9-2003)
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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

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APPLICATION FOR		O DATE CUDANTED	and the second s	Applicant Identi	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 0			19/7
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application	06-01594
▼ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name: California Do		1 December	Organizational Ur		
California - De	epartment of Parks	and Recreation			ent of Park and Recreation
Organizational DUNS: 17207	70807	over tället in the construction of the constru		of Grants and Lo	
Address:	The second second	A Property Park	Name and telepho	one number of per plication (give area	rson to be contacted on matters
Street: PO Box 942896	HE.	A A STATE OF THE S	Prefix: Ms.	First Name: B	etty
City: Sacramento	SEP 7	7 7000	Middle Name		
County: Sacramento	CTATE CLEAR	ING HOUSE		inger	
State: California	Zip STATE CLEAR 94296-00	001	Suffix:		
Country: USA				arks.ca.gov	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (gi		Fax Number (give area code)
68 - 0303606			(916) 651-81		(916) 653-6511
8. TYPE OF APPLICATION:				LICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate le (See back of form for description	etter(s) in box(es)	on 🗌 Revision	A. State Other (specify)		
Other (specify)			9. NAME OF FED U.S. Depar	tment of Interio	r, National Park Service
10. CATALOG OF FEDERAL	. DOMESTIC ASSISTA				CANT'S PROJECT:
TITLE (Name of Program):	and & Water Conse	15 - 916	Santee Lak	es Developmen	it.
12. AREAS AFFECTED BY P					
06-70224	, ,				
13. PROPOSED PROJECT			14. CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 03		b. Project 52
15. ESTIMATED FUNDING:			ODDED 12372 P	ROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$	40,630.0	U a. Yes. 🖆 AVA	ILABLE TO THE ST	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant	\$	64,785.0	0	CESS FOR REVIE	WON
c. State	\$			E: 08/05/2005	VEDED BY E. O. 42272
d. Local	\$		b. No. 🗀		VERED BY E. O. 12372 OT BEEN SELECTED BY STATE
e. Other	\$		☐ ☐ FOR	PEVIEW	
f. Program Income	\$				ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	105,415.0	O Yes If "Yes"	attach an explanation	On. NO NO
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY 11	HE GOVERNING BODT OF	PPLICATION/PREA F THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			li.	/liddle Name	
Prefix Ms.	First Name Ruth			Suffix	
Last Name Coleman				DUHIX	

b. Title Director, Parks and Recreation

d. Signature of Authorized Representative

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Authorized for Local Reproduction

c. Telephone Number (give area code)
(916) 653-7423

e. Date Signed

Standard Fo
Prescribed by

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR					[A E A 1.1 4	Version 7/03
FEDERAL ASSISTANCE	<b>.</b>			8/17/2005	Applicant Identi	IN/A
1. TYPE OF SUBMISSION: Application	Pre-applica	tion	3. DATE RECEIVED BY STATE		State Application	on Identifier 06-01596
	☐ Constru		4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identifi	er
Non-Construction	☐ Non-Con	struction				, 1
5. APPLICANT INFORMATION Legal Name:		of Dorko	and Pagragian	Organizational		
California - De	eparimeni (	DI Parks i	and Recreation	Department: Ca	alifornia Departm	ent of Park and Recreation
Organizational DUNS: 1720	70807		and another theory was probled and responsible to the second seco	Division: Office	e of Grants and Lo	ocal Services
Address: Street:		RE	CEIVED		phone number of per application (give area	son to be contacted on matters
PO Box 942896		CF	P 7 2005	Prefix: Ms.	First Name: B	etty
City: Sacramento		SE	<u> </u>	Middle Name	and the second s	
County: Sacramento		STATE	CLEARING HOUSE	Last Name	Ettinger	
State: California	Zip Code	94296-00	001	Suffix:		
Country: USA				Email: betti@	parks.ca.gov	Control of the Contro
6. EMPLOYER IDENTIFICATI	ON NUMBER	(EIN):		Phone Number	(give area code)	Fax Number (give area code)
68 - 0303606				(916) 651-8	3174	(916) 653-6511
8. TYPE OF APPLICATION:				7. TYPE OF AF	PPLICANT: (See back	of form for Application Types)
⊠ Ne		Continuation	on 🗌 Revision	A. State		
lf Revision, enter appropriate le (See back of form for descriptio	etter(s) in box( on of letters.)	es)		Other (specify)		
Other (specify)				9. NAME OF F U.S. Dep	EDERAL AGENCY: artment of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTAN	CE NUMBER:		IVE TITLE OF APPLI	
			15 - 916	Fairmount F	Park Development	
TITLE (Name of Program): La	and & Wate	er Conser	vation Fund			
12. AREAS AFFECTED BY P	ROJECT (Cit	ies, Countie	es, States, etc.):			
06-62000				44 0010055	SSIONAL DISTRICTS	OF.
13. PROPOSED PROJECT Start Date:	Ending [	Date:		a. Applicant 0	2	b. Project 42
AT FORMATED FUNDING.						REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				ORDER 12372	PROCESS?	
a. Federal	\$		100,000.0			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	\$		100,000.0	O PF	ROCESS FOR REVIE	<i>N</i> ON
c. State	\$			DA	ATE: 08/05/2005	
d. Local	\$			b. No. 🗆 PF	ROGRAM IS NOT CO	/ERED BY E. O. 12372
e. Other	\$				R PROGRAM HAS NO OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$		A AMERICAN CONTRACTOR			NT ON ANY FEDERAL DEBT?
g. TOTAL	\$		200,000.0		s" attach an explanatio	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZ	ED BY TH	E GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	EAPPLICATION ARE IT AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Nam	e Ruth			Middle Name	
IVIS.		rum			Suffix	
b. Title Director, Parks a	nd Poerce	ion			c. Telephone Number	
d. Signature of Authorized Rep		1011			(916) 653-7423 e. Date Signed	.<
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							Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	<b>=</b>		2. DATE SUBMITTED	08/1	7/2005	Applicant Identi	
I. TYPE OF SUBMISSION:			3. DATE RECEIVED E			State Application	on Identifier 06-01600
Application  K Construction	Pre-applicat		4. DATE RECEIVED E	BY FE	ERAL AGENO	Y Federal Identific	
Non-Construction	☐ Non-Con						
5. APPLICANT INFORMATION				Or	ganizational L	Init:	······································
Legal Name: California - De	epartment o	of Parks a	and Recreation				ent of Park and Recreation
Organizational DUNS: 1720	70807		1			of Grants and Lo	
Address:				Na in	ame and telepl	none number of per oplication (give area	son to be contacted on matters
Street: PO Box 942896		KL	CEIVED		refix: Ms.	First Name: B	etty
City: Sacramento		SE	P 7 2005	М	iddle Name		
<sup>County:</sup> Sacramento		OTATE (	CLEARING HOUSE	1	ast Name E	ttinger	
State: California	Zip Code	94296-00	01	S	uffix:		
Country: USA				E	mail: betti@	parks.ca.gov	
6. EMPLOYER IDENTIFICATI	ON NUMBER	(EIN):		P	hone Number (	give area code)	Fax Number (give area code)
68 - 0303606				7	(916) 651-81	174	(916) 953-6511
8. TYPE OF APPLICATION:				7	. TYPE OF API	PLICANT: (See back	of form for Application Types)
► Ne		Continuatio	on 🗌 Revision		A. State		
If Revision, enter appropriate le (See back of form for description	etter(s) in box( on of letters.)	es)		0	ther (specify)		
Other (specify)				9	. NAME OF FE	DERAL AGENCY:	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTAN	CE NUMBER:	1	1. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
10. OATALOG 01 1 111 111			15 - 916		La Sierra Pa	rk Development	
TITLE (Name of Program): La	and & Wate	er Conser	vation Fund				
12. AREAS AFFECTED BY P	ROJECT (Cit	ies, Countie	es, States, etc.):				
06-62000							
13. PROPOSED PROJECT				1	4. CONGRESS	SIONAL DISTRICTS	I D : I
Start Date:	Ending [	Date:		a	a. Applicant 03	•	b. Project 42
15. ESTIMATED FUNDING:			-		RDFR 12372 F	PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$		149,994		🖂 THI	S PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$	A STATE OF THE STA	149,994	4.00		OCESS FOR REVIE	W ON
c. State	\$					TE: 08/05/2005	
d. Local	\$				D. NO. 🗀		VERED BY E. O. 12372
e. Other	\$				LI FO	R REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$				17. IS THE API	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$					attach an explanation	
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	LY AUTHORIZ	ZED BY TH	IE GOVERNING BODY	S APPL Y OF Th	ICATION/PREA HE APPLICANT	APPLICATION ARE I AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative						Middle Name	
IVIS.	1,30,14011	e Ruth				Suffix	
Last Name Coleman							er (give area code)
b. Title Director Parks a	and Poeres	ion				c. Telephone Numbe	(give alea code)

d. Signature of Anthorized Representative
Previous Edition Usable
Authorized for Local Reproduction

Director, Parks and Recreation

c. Telephone Number (give area code)
(916) 653-7423
e. Date Signed
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR	=	2. DATE SUBMITTED		Applicant Identi	Version 7/03
FEDERAL ASSISTANCI		00	3/17/2005		N/A
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S		State Application	06-01574
	☐ Construction	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identifi	er
Non-Construction	Non-Construction			1	
5. APPLICANT INFORMATION Legal Name:		and Dannation	Organizational Unit		
	epartment of Parks	and Recreation			ent of Park and Recreation
Organizational DUNS: 1720	70807		Division: Office of	Grants and Lo	ocal Services
Address:	- DE	APIVIES	Name and telephon involving this applic		son to be contacted on matters
Street: PO Box 942896		CEIVED	Prefix: Ms.	First Name: B	etty
City: Sacramento	SEI	7 2005	Middle Name		
County: Sacramento	STATE C	LEARING HOUSE	Last Name Etting	ger	
State: California	Zip Code 94296-00	001	Suffix:		
Country: USA			Email: betti@par	ks.ca.gov	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
68 - 0303606			(916) 651-8174		(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
⊠ Ne		on 🗌 Revision	A. State		
If Revision, enter appropriate le (See back of form for description	etter(s) in box(es) on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER U.S. Departm	RAL AGENCY: ent of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE T		
TITLE (Name of Program):		15 – 916	Verano Creek P	ark Developn	nent
12. AREAS AFFECTED BY P	and & Water Conser		-		
06-64000	ROJECT (Cities, Countie	es, States, etc.).			
13. PROPOSED PROJECT			14, CONGRESSION	IAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 03	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b. Project 05
15. ESTIMATED FUNDING:			16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE
a. Federal	\$	150 000 00	order 12372 PRO		I/APPLICATION WAS MADE
	\$	150,000.00 151,193.00	7 ~~~~~	BLE TO THE ST. SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State	\$	101,100.00	DATE:	08/05/2005	
d. Local	\$		b. No.   PROGR	AM IS NOT COV	/ERED BY E. O. 12372
e. Other	\$	And the state of t	OR PRO		T BEEN SELECTED BY STATE
, , , eg.a	\$		17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	301,193.00	☐ Yes If "Yes" atta	ch an explanatior	n. 🗵 No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY TH	E GOVERNING BODY OF	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE 1 D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	Te: . M		K A:	le Name	
Prefix Ms.	First Name Ruth				
Last Name Coleman			Suffix		
<sup>b. Title</sup> Director, Parks a			(	lephone Number 916) 653-7423	,
d. Signature of Authorized Rep	presentative		e. Da	ate Signed	95

d. Signature of Authorized Representative
Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 0	8/17/2005	Applicant Identifier N/A	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier 06-01584
	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er
☐ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:	
California - De	partment of Parks	and Recreation			ent of Park and Recreation
Organizational DUNS: 17207	0807			of Grants and Lo	
Address:	BEC	EIVED			son to be contacted on matters
Street: PO Box 942896	I have	Page 201	Prefix: Ms.	First Name: B	a code)
	SEP	7 2005	Middle Name	B	etty
City: Sacramento		- HOUGE			
County: Sacramento	STATE CL	EARING HOUSE		inger	
State: California	Zip Code 94296-00	001	Suffix:		
Country: USA			Email: betti@p	arks.ca.gov	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)
68 - 0303606			(916) 651-817	74	(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF APPI	LICANT: (See back	k of form for Application Types)
ĭ Ne		on 🗌 Revision	A. State		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FED U.S. Depart	ERAL AGENCY: Iment of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): La	nd & Water Conser	15 – 916 vation Fund	Volonte Park	Development	
12. AREAS AFFECTED BY PF	ROJECT (Cities, Countie	es, States, etc.):			
06-02042					
13. PROPOSED PROJECT	Ending Date:		14. CONGRESSI	ONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 03		b. Project 02
15. ESTIMATED FUNDING:			16. IS APPLICAT ORDER 12372 PF		REVIEW BY STATE EXECUTIVE
a. Federal		45.000.00	THIS	PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$		45,000.00	DPO.	CESS FOR REVIE	
c. State	)			E: 08/05/2005	
d. Local \$	<u> </u>		b. No. PRO	GRAM IS NOT CO	VERED BY E. O. 12372
e. Other	<u> </u>		□ OR F		OT BEEN SELECTED BY STATE
f. Program Income	3		FOR	REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	3	90,000.00	 ) ☐ Yes If "Yes" a	ttach an explanatio	n. 🗷 No
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIE	F. ALL DATA IN THIS AP	PLICATION/PREAF	PLICATION ARE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.			
a. Authorized Representative	First Name Duth		l\(\alpha\)	ddle Name	
Prefix Ms.	First Name Ruth			utile Name	4.
Last Name Coleman				ιπιχ Telephone Number	(rive area code)
b. Title Director, Parks an	d Recreation	`		(916) 653-7423	(Give alea code)
d. Signature of Authorized Repo	resentative	/	e.	Date Signed	2-05
Previous Edition Usable Authorized for Local Reproduct					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE	•	2. DATE SUBMIT	TED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:	•		00/11/2	005		IN/A
Application	Pre-application	3. DATE RECEIVE	ED BY STATE		State Applicati	on Identifier 06-01583
☑ Construction	☐ Construction	4. DATE RECEIVE	ED BY FEDER	AL AGENCY	Federal Identif	ier
Non-Construction  5. APPLICANT INFORMATION	☐ Non-Construction					And the second s
I and Manage	northwest of Double		Organ	izational Unit		
California - De	partment of Parks	and Recreation	Depart	ment: Califor	rnia Departm	ent of Park and Recreation
Organizational DUNS: 17207	0807		Divisio			ocal Services
Address:			Name	and telephon	e number of pe	rson to be contacted on matters
Street: PO Box 942896	-		involvi Prefix:	ing this appli	cation (give are	a code)
City: Searce-16	DECE	III/IIIN			First Name:	Betty
Sacramento	RECE	IVED	Middle			
County: Sacramento	SEP	7 2005	Last Na	<sup>ame</sup> Etting	ger	
State: California	Zip Code 94296-00		Suffix:			
Country: USA	STATE CLEAF	RING HOUSE	Email:	betti@parl	ks.ca.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN).		Phone	Number (give	area code)	Fax Number (give area code)
68 - 0303606			(916	) 651-8174		(916) 653-6511
8. TYPE OF APPLICATION:			7. TYP	E OF APPLIC	ANT: (See back	of form for Application Types)
If Revision, enter appropriate lett		n 🗌 Revision	n   A	. State		
(See back of form for description	of letters.)		Other (	specify)		
Other (specify)					AL AGENCY:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	CE NUMBER:	U.S	S. Departm	ent of Interior	, National Park Service CANT'S PROJECT:
		15 - 916	. 1	ach Park De		CANT 3 PROJECT.
TITLE (Name of Program):	nd & Water Conserv	LJ	Dube	on rank be	volopinoni	
12. AREAS AFFECTED BY PR						
06-86328	, ,					
13. PROPOSED PROJECT			14. CC	NGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. App	licant 03		b. Project 01
15. ESTIMATED FUNDING:		7.11.				REVIEW BY STATE EXECUTIVE
a. Federal \$		225.00	ORDER	R 12372 PROC ☐ THIS PR	EAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$				AAAILAL	BLE TO THE STA SS FOR REVIEV	TIE ENECOTIVE ORDER 12372
c. State \$		225,00	00.00		08/05/2005	- <del></del>
d. Local \$		***************************************	<del>,</del>			(EDED D) / E O 40070
		735-24-24-24-24-24-24-24-24-24-24-24-24-24-	b. No.			ERED BY E. O. 12372
e. Other \$				☐ FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS	THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		450,00	00.00	s If "Yes" attac	h an explanation	. 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN TH	IS APPLICATION	ON/PREAPPL	ICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	OF THE APP	PLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name Duth			Middle	Name	
I act Name	Ruth			Suffix		
b Title						
b. Title Director, Parks and				(9	ephone Number 16) 653-7423	(give area code)
d. Signature of Authorized Repre	sentative			e. Dat	e Signed	5
Previous Edition Usable Authorized for Local Reproductio	n					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE OUDINITIES		A E 4 1 4	Version 7/03
FEDERAL ASSISTANCE			8/17/2005	Applicant Ident	IN/A
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S	STATE	State Application	on Identifier
	☐ Construction	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identifi	er 0601592
Non-Construction	☐ Non-Construction				00 01002
5. APPLICANT INFORMATION Legal Name:	norther and of Double of	and Decreation	Organizational Unit:		
California - De	partment of Parks	and Recreation	Department: Califor	nia Departm	ent of Park and Recreation
Organizational DUNS: 17207	0807	TIED	Division: Office of 0	Grants and Lo	ocal Services
Address:	TOFCE	MED!			son to be contacted on matters
Street: PO Box 942896	I HLO	7 2005	involving this applic Prefix: Ms.	First Name: B	ettv
City: Sacramento			Middle Name		ou,
County: Sacramento	TATE CLE	ARING HOUSE	Last Name Etting	jer	
State: California	Zip Code 94296-00	01	Suffix:		
Country: USA			Email: betti@park	s.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
68 - 0303606	, ,		(916) 651-8174	·	(916) 653-6511
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)
× Nev		n Revision	A. State	•	,,
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER U.S. Departme		, National Park Service
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI		
		15 <b>-</b> 916	Culver West Par	k Developme	nt
TITLE (Name of Program): Lar	nd & Water Conser	vation Fund			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	•		
06-17568	1				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant 03	AL DISTRICTS	b. Project 32
	Inding Date.				
15. ESTIMATED FUNDING:			<b>ORDER 12372 PROC</b>	ESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		123,000.00	IA YES IN		/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		123,000.00	PROCES	SS FOR REVIEV	VON
c. State \$			DATE: (	08/05/2005	
d. Local \$			b. No.   PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$			OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$					NT ON ANY FEDERAL DEBT?
g. TOTAL \$		246,000.00	Yes If "Yes" attac	•	3
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	LICATION/PREAPPLI THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name Ruth		Middle	Name	
1 ( N)	Kuii		Suffix		
b. Title Director, Parks and	1 Recreation		c. Tele	ephone Number	(give area code)
d. Signature of Authorized Repre	esentative		e. Dat	16) 653-7423 e Signed	
Previous Edition Vsable	yer			3-17-05	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	on				Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	08/17/2005		Applicant Ident	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		1	State Application	
Application	Pre-application					06-01575
Construction     □    □     □     □     □     □     □     □     □     □     □     □	☐ Construction	4. DATE RECEIVED BY	T FEDERAL AGE	ENCY	ederal Identifi	ਦ। 
<ul><li>☐ Non-Construction</li><li>5. APPLICANT INFORMATION</li></ul>	Non-Construction					
Legal Name: California - De	partment of Parks a	and Recreation	Organizational		·	
Organizational DUNC:						ent of Park and Recreation
Organizational DUNS: 17207	0807					ocal Services
Address: Street:	[DEC	CEIVED	involving this	s applicat	tion (give area	son to be contacted on matters a code)
PO Box 942896	HE	1	Prefix: Ms.		First Name: B	etty
City: Sacramento	SEF	7 2005	Middle Name			
County: Sacramento	A POLICE CONTRACTOR OF THE PROPERTY OF THE PRO	N FARING HOUSE	Last Name	Ettinge	r	
State: California	Zip Code P296-00	LEARING HOUSE	Suffix:			
Country: USA	Anne alles SAR has a manage appearance		Email: betti(	@parks	.ca.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Numbe		ea code)	Fax Number (give area code)
68 - 0303606			(916) 651-			(916) 653-6511
8. TYPE OF APPLICATION:		_			NT: (See back	of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	n 🗌 Revision	A. State Other (specify)			
Other (specify)			9. NAME OF U.S. Dep	FEDERA partmer	L AGENCY: nt of Interior,	, National Park Service
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	DE NUMBER:	11. DESCRIP	TIVE TIT		CANT'S PROJECT:
TITLE (Name of Program): Lar	nd & Water Conserv					
12. AREAS AFFECTED BY PR						
06-81204						
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL	_ DISTRICTS (	DF: b. Project 13
			i			REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372	2 PROCE	SS?	
a. Federal \$		55,000.0	a. res. 🗀 A	VAILABL	E TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		55,000.0	0 P	PROCESS	FOR REVIEW	VON
c. State \$			D	DATE: 08	3/05/2005	
d. Local \$	and the second s	\$100 - \$100 PH PROPERTY STATE OF THE STATE O	b. No. 🗆 P	ROGRAN	I IS NOT COV	ERED BY E. O. 12372
e. Other \$	9-31			OR PROG		T BEEN SELECTED BY STATE
f. Program Income \$		,				NT ON ANY FEDERAL DEBT?
g. TOTAL \$		110,000.0	1		an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	F, ALL DATA IN THIS A	PPLICATION/PRI	EAPPLIC	ATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF			THE AFFEIGAL	ייי אוט	THE ALFEIDA	THE COME I WITH THE
a. Authorized Representative  Prefix  Ms.	First Name Ruth			Middle I	Name	
Last Name Coleman	Nuit			Suffix	, _ ,	
b. Title Director, Parks and	1 Recreation			c. Telep	hone Number	(give area code)
d. Signature of Authorized-Repre				(91 e. Daţę	6) 653-7423	/
Previous Edition Usable	ng~			18	17-05	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	on U					Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE CUDINITIES		Audiantidant	Version 7/03
FEDERAL ASSISTANCE		-	8/17/2005	Applicant Ident	IN/A
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S		State Application	06-01585
	☐ Construction	4. DATE RECEIVED BY F	EDERAL AGEN	ICY Federal Identifi	er
□ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
California - De	partment of Parks a	and Recreation			ent of Park and Recreation
Organizational DUNS: 17207	0807 RECE	IVED		e of Grants and Lo	
Address: Street:	- HEUL			application (give area	son to be contacted on matters
PO Box 942896	1 7 7 1	7 2005	Prefix: Ms.	First Name: B	etty
City: Sacramento		ARING HOUSE	Middle Name		
County: Sacramento				Ettinger	
State: California	Zip Colle 94296-00	01	Suffix:		
Country: USA			_	parks.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
68 - 0303606	,		(916) 651-8	174	(916) 653-6511
8. TYPE OF APPLICATION:		40.72.100	7. TYPE OF AF	PLICANT: (See back	of form for Application Types)
⊠ Nev		n 🗌 Revision	A. State		
If Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FI U.S. Depa	EDERAL AGENCY: artment of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLIC	CANT'S PROJECT:
THE REPORT AND A STATE OF THE ADMINISTRAL AND ADMINISTRAL AND ADMINISTRAL AND ADMINISTRAL		15 - 916	Pleasants V	alley Park Acquis	ition
TITLE (Name of Program): Lar	nd & Water Conser	ation Fund			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	-		
06-81554					
13. PROPOSED PROJECT	TE 1: D-4		14. CONGRES	SIONAL DISTRICTS	L D!4
Start Date:	Ending Date:		a. Applicant 03		b. Project 01 and 03
15. ESTIMATED FUNDING:			<b>ORDER 12372</b>	PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		200,000.00	la yes 🗠		/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		1,340,000.00	PR	OCESS FOR REVIEV	VON
c. State \$				TE: 08/05/2005	
d. Local \$			D. NO.		ERED BY E. O. 12372
e. Other \$				PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,540,000.00	1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF T</b>	LICATION/PRE	APPLICATION ARE T FAND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name Ruth			Middle Name	
Last Name Coleman				Suffix	
b. Title Director, Parks and	d Recreation			c. Telephone Number (916) 653-7423	(give area code)
d. Signature of Authorized Repro				e. Date Signed	
Previous Edition Usable Authorized for Local Reproduction	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	<b></b>	2. DATE SUBMITTED	)8/17/2005	Applicant Ident	ifier N/A
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application 	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	06-01578 er
Construction	☐ Constructio	n			
		iction	To		
egal Name: California - De	epartment of P	arks and Recreation	Organizational Unit		ent of Park and Recreation
Organizational DUNS: 1720	70807		Division: Office of		
Address:			ł		son to be contacted on matters
Street:		RECEIVED	involving this appli	cation (give area	a code)
PO Box 942896		- 2005	Prefix: Ms.	First Name: B	etty
<sup>City:</sup> Sacramento		SEP 7 2003	Middle Name		
County: Sacramento	ст	ATE CLEARING HOUSE	Last Name Ettin	ger	
State: California		96-0001	Suffix:		
Country: USA		40.01.000	Email: betti@par	ks.ca.gov	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EII	V):	Phone Number (give		Fax Number (give area code)
68 - 0303606			(916) 651-8174		(916) 653-6511
B. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See back	of form for Application Types)
Ne f Revision, enter appropriate le		inuation	A. State		
See back of form for descriptio			Other (specify)		
Other (specify)				ent of Interior	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASS	ISTANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
		15 - 916	Wheeler Street	Park Dev.	* *
TITLE (Name of Program): La	and & Water C	onservation Fund			
12. AREAS AFFECTED BY P	ROJECT (Cities, (	Counties, States, etc.):			
06-70742	WALL TO THE PARTY OF THE PARTY		14. CONGRESSION	IAL DICTRICTS	OE,
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant 03	AME DISTRICTS	b. Project 17
15. ESTIMATED FUNDING:			1	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
			ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
	\$	46,750.00	a. Yes. 🗠 AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant	\$	46,750.00	PROCE	SS FOR REVIE	W ON
c. State	\$		DATE:	08/05/2005	
d. Local	\$		b. No.   PROGF	RAM IS NOT CO	/ERED BY E. O. 12372
e. Other	\$				T BEEN SELECTED BY STATE
f. Program Income	\$		17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	93,500.00	O ☐ Yes If "Yes" atta	ch an explanatio	n. 🗷 No
18. TO THE BEST OF MY KN	OWLEDGE AND	BELIEF, ALL DATA IN THIS AP BY THE GOVERNING BODY OF	PLICATION/PREAPP	LICATION ARE	TRUE AND CORRECT. THE
ATTACHED ASSURANCES IF	THE ASSISTAN	ICE IS AWARDED.	THE APPLICANT AN	IN THE APPEION	ut, mee com et militime
a. Authorized Representative Prefix Ms.	First Name R	uth	Midd	lle Name	
Last Name Coleman			Suffi	X	
b. Title Director, Parks ar	nd Recreation			elephone Number	
Director, Parks ar				(916) 653-7423 ate Signed	
d. Signature of Authorized Rep	resentative		le. De	ターノフーひろ	

d. Signature of Authorized Representative
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				Applicant Identifier
LICATION FOR		2. DATE SUBMITTED		
DERAL ASSISTANCE		3. DATE RECEIVED BY	STATE	State Application Identifier
YPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED BY		Federal Identifier
olication	Construction	4. DATE RECEIVED BY	LEDEINE VOCA	
Construction	Non-Construction			
Non-Construction PPLICANT INFORMATION			Organizational Unit	
-I Marona:			Department	
IPPER RIDGE VOL	urteen FINE	COMPANY	Division:	
ganizational DUNS:	4180838		d telephon	ne number of person to be contacted on matters
UJ	110 08		Name and telephon	cation (give area ed to)
eet P.O. BOX	) ?		Prefix: MO	First Name: ROBERT
k.O. 120X			Middle Name	
W. MALAIT	Λ	· · · · · · · · · · · · · · · · · · ·		WAGD
111761162	<u> </u>		Last Name S	CHOFIELD
ounty: RUTTE			Suffix:	
ate: CA	Zip Code 95	954	Email: C	OD @ SRI G-LORAL, NET
ountry: ILACT TEA	STATES		Phone Number (giv	AL V SEC GRAME
EMPLOYER IDENTIFICAT			1 1	N/A
			8.052	ICANT: (See back of form for Application Types)
94-9404119	151		7. TYPE OF APPL	NOT FOR PROFIET
TYPE OF APPLICATION:	New Continua	tion 🔲 Revision	1	NOT POR HOUSE
	letter(s) in box(es)		Other (specify)	
Revision, enter appropriate See back of form for descrip	tion of letters.)		9. NAME OF FED	ERAL AGENCY: USDA
Other (specify)				
other (specify	TOUTSTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE	ETITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDER	AT DOMESTIC ASSIST	00-066	ILIPPUADE	, AN EXISTING FIRE
			VIIII	THAT IS ALSO USED FOR
TITLE (Name of Program):			- STATLON	MH, TZ LICE ALLE
12. AREAS AFFECTED BY	PROJECT (Cities, Cou	nties, States, etc.):	COME C	COMMUNITY EVENTS
COUNTY			14 CONGRESS	IONAL DISTRICTS OF:
13. PROPOSED PROJECT	T		\ a. Applicant	CECOUN DESTRICT
Chart Date:	16 Ending Date: S	EPT 06 LAPP	nox) SECOND C	TION SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING			ORDER 12372 P	ROCESS!
	ls	00	a, Yes. D THIS	S PREAPPLICATION AT LEGALINE ORDER 1237
a. Federal	•		PRO	OCESS FOR REVIEW ON
b. Applicant	\$		DA	TF:
c. State	\$ madestalestalestalestalestalestalestalestal		1	OGRAM IS NOT COVERED BY E. O. 12372
	BEC	EIVED "	b. No. 🏻 PR	OGRAM IS NOT COVERED BY CTATE
d. Local	I I Late Co	Roses B W Bases Rose	— FI OR	PROGRAM HAS NOT BEEN SELECTED BY STATI
e. Other	\$ SEP	0.6.2005	17 IS THE AP	R REVIEW PLICANT DELINQUENT ON ANY FEDERAL DEBT
f. Program Income	\$			
	S OTATE OF	EARING HOUSE		attach an explanation.
g. TOTAL	STATECL	ELEE ALL DATAIN		
18. TO THE BEST OF M	Y KNOWLEDGE AND L	Y THE GOVERNING BO	DY OF THE APPLICAN	Attach an explanation.  APPLICATION ARE TRUE AND CORRECT. THE TAND THE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN ATTACHED ASSURANCE	ES IF THE ASSISTANCE	E IS AWARDED.		
a. Authorized Represent				Middle Name ED WAND
Prefix M.	First Name	ROBERT		Suffix
	OFIELD			c. Telephone Number (give area code)
			The state of the s	630 . 873 9103
b. Title CA	PTAIN	1 MA 12	7	e. Date Signed
d. Signature of Authorize	ed Representative	Y/11/1/	1	Standard Form 424 (Rev.S Prescribed by OMB Circular

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JUN 0 1 2005

GMO, PMD-7

APPLICATION FOR				Calet	ochia	
FEDERAL ASSISTANCE	CE		2. DATE SUBMITTED	ci	ornia eannghouse. 323-3018	Version 7/6
1. TYPE OF SUBMISSION:		-	3. DATE RECEIVED E	916.	333 300	n Identifier
Application  Construction	Pre-applicati		4. DATE RECEIVED B		2 × 20/10	
Non-Construction	Construc Non-Cons		A BAIL KLOCKED			er
5. APPLICANT INFORMATION	ON	uction				
Legal Name:					ional Unit:	
San Diego State University R	esearch Foundat	ion			nt: School of Public Health	<u></u>
Organizational DUNS; 073371346	- <u>-                                    </u>		Augustina ( ) a Paristantia Nicoro	Division: Occupatio	nal and Environmental He	elth
Address; Street;		PI	CEIVED	Name and	telephone number of pe	erson to be contacted on matters
5250 Campanile Drive		* * L	-OEIVED	Prefix;	this application (give are First Name:	ea code)
City	•	5	EP 6 2005	Dr Middle Na	Kathryn	
San Diego County:				Middle Na C		
San Diego		STATE	CLEARING HOUSE	Last Name Dowling	,	•
State; CA	Zip Code		THE THOUSE	Suffix:		
Country: U.S.A.				Email:		
6. EMPLOYER IDENTIFICATI	ON NUMBER (E	IN):			oehha.ca.gov nber (give erea code)	Fax Number (give area code)
95-604272	1			510,622.25		510.622.3211
8. TYPE OF APPLICATION:				7. TYPE O	F APPLICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate le	w D Cor	ntinuation	Revision	1	Profit Organization 501 (c	
(See back of form for description	nter(s) in box(es) in of letters.)	.—	Pho-	Other (spec		)(3)
Other (specify)				L '	••	
• • • • • • • • • • • • • • • • • • • •				9. NAME C	F FEDERAL AGENCY: nan Calero, EPA Project (	Officer
10. CATALOG OF FEDERAL	DOMESTIC AS	SISTANC	NUMBER:		IPTIVE TITLE OF APPLI	
			6 6 - 9 3 1	Binational	Surveillance of Disease Re	elated to Air Pollution in Imperial
TITLE (Name of Program): International Financial Assistar	nce Projects			County and	the Municipality of Mexic	all
12. AREAS AFFECTED BY PI				†		
Imperial County, CA & Municip	pality of Mexicali,	Baja Calif	fornia, Mexico			
13. PROPOSED PROJECT Start Date;	Ending Date			14. CONGR	ESSIONAL DISTRICTS	
10/1/05	8/30/06	·		a. Applicant		b. Project 51
15. ESTIMATED FUNDING:				16. IS APPI	ICATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$				2 Van 17	72 PROCESS? THIS PREAPPLICATION	APPLICATION WAS MADE
b. Applicant \$			30,000	1	AVAILABLE TO THE STA PROCESS FOR REVIEW	NIE EXECUTIVE ORDER 12972 - I
c. State \$			OU .			
d. Local \$			1,593		DATE: 9/6/>0	os taxed
				b. No. 🔯	PROGRAM IS NOT COVE	ERED BY E. O. 12372
e. Other \$			,00	Ø	OR PROGRAM HAS NOT	BEEN SELECTED BY STATE
. Program Income \$			. 00	17. IS THE /	FOR REVIEW APPLICANT DELINQUEN	T ON ANY FEDERAL DEST?
3. TOTAL \$			00			
8. TO THE BEST OF MY KNO	WI FOGE AND	BÉLICE A	31,593		es" attach an explanation.	
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF	AUTHORIZED E	Y THE GO	OVERNING BODY OF THE	HE APPLICA	REAPPLICATION ARE TH INT AND THE APPLICAN	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
. Authorized Representative		- 10 AW	ARUED.			
Уг.	First Name Thomas				Middle Name	
ast Name Scott					Suffix	
Title nterim Associate Vice Presiden	t for Bassasush				c. Telephone Number (g	/pp. sare avia
Signature of Authorized Repre	s paive		·		<u> 619.594.0905</u>	irro aidd coue)
evious Edition Usable	K LEN				e. Date Signed 5/0	6/05
thorized for Local Reproductio	n				THE REAL PROPERTY.	Standard Form 424 (Rev.9-2003)
						Prescribed by OMB Circular A-102

APPLICATION FOR		2. DATE SUBMITTED			Applicant Identifier			
FEDERAL ASSISTAN	ICE		2. DATE SUBMIT	ILD		<b>Тирисания</b>		
1. TYPE OF SUBMISSION:			3. DATE RECEIV	ED BY STATE		State Appli	cation Identifier	
Application	Preapplie	cation						
✓ Construction		truction	A STATE DESERTE	ED BY FEDERAL A	S CAGRAGOS V	Federal Ida	v 5 ° (a)	
Non-Construction		Construction	Alternative of the proportion of the	ander Gall I. A. Beerler Facel William C.	1 No. 18 at 2 18 18 18 18			
5. APPLICANT INFORMATION				Organizationa	al Unit:			,
* Legal Name: Petaluma Ecur	nenical Pr	operties		Department:	,			
* Organizational DUNS:	0273380	32		Division:				
Address:							to be contacted on matters involving	g
* Street1: 3920 Cypress Drive,	Suite B		42-1-44-1-44-1-44-1-44-1-44-1-44-1-44-1	this application (give area code)  Prefix: * First Name: Mary				
Street2:				Prefix:		St Hame.	viaiy	_
* City: Petaluma	c	ounty Sonoma						
* State: CA * Zip 0	Code: 949	54 * Cou	ntry USA	* Last Name: Stompe  Suffix: * Email: marys@pephousing.org				
6. * EMPLOYER IDENTIFICATION	N NUMBE	R (EIN):		* Phone Numbe		L	Fax Number (give area code)	
94-2565270				(707) 762-2336		(	(707) 762-4657	
8. TYPE OF APPLICATION:				7. * TYPE OF A	PPLICANT	ation (Oti	ner than Institution of F	
✓ New ☐ Continuat	ion _	Revision		Other (specify)			1	
If Revision, enter appropriate letter	(s) in box(e	95)						
A. Increase Award B. Decrease Award C. Increase Duration				9. * NAME OF FEDERAL AGENCY:				
D. Decrease Duration Other (specify):				US Department	of Housing	and Urban I	Development	
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	14.157	11. * DESCRIP	TIVE TITLE	OF APPLIC	CANT'S PROJECT:	
TITLE: Supportive Housing for the	Elderly			Casa Grande - 58-unit (57 + 1 Mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly with rental				
12. * AREAS AFFECTED BY PR	OJECT	(Cities, Counties, States, et	ta):	assistance cor		xtremely lov	vincome elderly with remai	
Petaluma, Sonoma County, Califo	ornia							
				14. * CONGRE	COLONAL	NETBICTE	ne.	_
13. * PROPOSED PROJECT:		<del> </del>			33IUNAL I	7/3   NC   3 V	<del> </del>	
* Start Date		* Ending Date		* a. Applicant			* b. Project	
11/01/2006		11/01/2047		6	Name of the last o			==
15. * ESTIMATED FUNDING:		2 100 004		16. IS APPLICATED ORDER 12372			EVIEW BY STATE EXECUTIVE	
* a. Federal	\$	6,429,281					ATION WAS MADE AVAILABLE TO	
* b. Applicant	\$ [	25,000					PROCESS FOR REVIEW ON:	
* c. State	\$ [	3,950,000		b. PRO			2005 	
* d. Local	\$	2,072,500					EN SELECTED BY STATE FOR REVIE	w
* f. Program Income	\$ [ \$ [		).00  ).00				ON ANY FEDERAL DEBT?	
g. TOTAL	<b>\$</b> [			_		ch an explai		
49 A TO THE PERT OF MY KNOW! EDGE	AND BELLEE	1247678 ALL DATA IN THIS AP	PLICATION/PREAPPLIC	ATION ARE TRUE AND	CORRECT. T	HE DOCUMEN	T HAS BEEN DULY AUTHORIZED BY THE	
GOVERNING BODY OF THE APPLICANT	AND THE AP	PLICANT WILL COMPL	Y WITH THE ATTACHED	ASSURANCES IF THE	ASSISTANCE	: 15 AWARDED		
a. Authorized Prefix: Representative Last Name:	Stompe	* First Name: Ma	ary		Middle N		Suffix	
* b. Title: Executive Director	Otompe		* c. Te	lephone Number (g	ive area co		762-2336	
* Email: marys@pephousing.or	<b>a</b>			ımber (give area c		ļ	762-4657	
d. Signature of Authorized Repres		( ) Acomplies	ed on submission to	g Grants.gov	e. Date Si	gned: Com	pleted on submission to Grants.gov	
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SEP 0 6 2005

STATE CLEARING HOUSE

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE	**************************************	2. DATE SUBMITTED August 5, 2005		Applicant Iden	tifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S July 28, 2005	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENC		CY Federal Identifier		
Mon-Construction	Non-Construction	on					
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:			
State of California			Department:				
Organizational DUNS:			Department of Health Services Division:				
DHS 968257675 Address:			Drinking Water and Environmental Management  Name and telephone number of person to be contacted on matters				
Street:	and the second s	involving this application (give area code)					
1616 Capitol Avenue, P.O. Box 997413 MS 7400 DECEIVED			Prefix: First Name:				
City: Sacramento		2005	Middle Name M.		4.00		
County: Sacramento		SEP 2 2005	Last Name Novak				
State: CA	Zip Code 95899-7413	ATE CLEARING HOUSE	Suffix:				
Country: United States		A Later Company of the Company of th	Emall: anovak@dhs.ca.c	lov	,		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gi		Fax Number (give area code)		
68-0317191	,		916-449-5586		916-449-5575		
B. TYPE OF APPLICATION:	,wr		7. TYPE OF APPL	ICANT: (See back	k of form for Application Types)		
New If Revision, enter appropriate lett	v D Continua	ition 🔲 Revision	A. State				
(See back of form for description	of letters.)	П	Other (specify)	·			
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Environmental ProtectionAgency					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTA	NCE NUMBÉR:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
TITLE (Name of Program): PWSS	6 6-432	California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.					
12. AREAS AFFECTED BY PR	OJECT (Cities, Coun	ties, States, etc.):					
State of California  13. PROPOSED PROJECT	· · · · · · · · · · · · · · · · · · ·		44 600000000000000000000000000000000000				
Start Date:	Ending Date:		14. CONGRESSIO	MAL DISTRICTS	b. Project		
10/01/05 15. ESTIMATED FUNDING:	09/30/06		State of California		Statewide		
			ORDER 12372 PR	OCESS7	REVIEW BY STATE EXECUTIVE		
a. Federal \$		6,251,300	a. Yes. AVAIL	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant 5		, ou		ESS FOR REVIEW			
c. State \$		14,807,320	DATE:				
d. Local \$		14,807,320	b. No. 17 PROG	RAM IS NOT COV	'ERED BY E. O. 12372		
e. Other \$		. Ife	ORP	ROGRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program Income \$		.00		REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	-	21,058,620 `		ach an explanation			
18. TO THE BEST OF MY KNO	WLEDGE AND BELI	EE ALL DATA IN THE ABB	LOATION (DDC 45)				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY TI	HE GOVERNING BODY OF T	HE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	· · · · · · · · · · · · · · · · · · ·	AWARDED.					
·	First Name Ric	hard	Mid	die Name R.			
Last Name Bayquen		Suf					
b. Title Chief Deputy B		c. T	c. Telephone Number (give area code)				
d. Signature of Authorized Representative				916-440-7400 e. Date Signed 4/3			
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The region of Local Reproduction	" (	1/		,	Prescribed by OMB Circular A-102		